MOP024	FEE-FOR-SERVICE	/DENTAL		01,111 01 11111111111111		011 0111	2000 11110 1	2000		01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT	- AGED	I	AID CODE	E 10			
							MC	NTHLY AVERA	GE -	
104,846 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVER <i>I</i>	AGE COST	C UNITS/DAYS	COST PER	C	OST PER
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON		OR DAYS OF CAR	E		PER U		Y PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	76,235	4,277,995		32,672,112.85	\$	7 64	40 803	\$ 428.57	\$	311.62
@PHYSICIANS SERVICES	16,897	91,667	\$	1,020,570.96	\$	11.13	.874	\$ 60.40	\$	9.73
OUTPATIENT VISITS	982	1,473	·	47,412.77	·	32.19	.014	48 28		.45
OFFICE VISITS	911	1,362		40,175.94		29.50	.013	44.10		.38
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	73	84		1,020,570.96 47,412.77 40,175.94 .00 6,718.55		79.98	.001	92.03		.06
PREVENTIVE CARE	0	0		.00		.00	.000	44.10 .00 92.03 .00		.00
OB VISITS/COMPRE PERI	0	0		.00		0.0	0.00	0.0		.00
OTHER OUTPATIENT	26	27		32,672,112.85 1,020,570.96 47,412.77 40,175.94 .00 6,718.55 .00 .00 518.28 9,691.66 7,863.24 1,637.32 191.10 5,130.82 5,110.82 20.00 19,542.53 16,207.20		19.20	.000	19.93		.00
INPATIENT VISITS	53	182		9,691.66		53.25	.002	182.86		.09
HOSPITAL VISITS	49	161		7,863.24		53.25 48.84	.002	160.47		.07
CRITICAL CARE	6	18		1,637.32		90.96	.000			.02
SNF/ICF/TRANS IP CARE	2	3		191.10		90.96 63.70	.000	272.89 95.55		.00
OPHTHALMOLOGICAL SERVICES	152	161		5,130.82		31.87	.002	33.76		.05
EXAMINATIONS	151	160		5,110.82		31.87 31.94	.002	33.85		.05
SERVICES AND MATERIALS	1	1		20.00		20.00	.000	20.00		.00
INPATIENT HOSPITAL SURGERY	29	186		19,542.53	-	L05.07	.002	673.88		.19
PRINCIPAL SURGEON	22	101		16,207.20 1,250.36 2,084.97 24,587.69	-	L60.47	.001	736.69		.15
ASSISTANT SURGEON	5	6		1,250,36	2	208.39	.000	250.07		.01
ANESTHESIOLOGIST	8	79		2.084.97	_	26.39	.001	260.62		.02
OUTPATIENT SURGERY	110	221		24.587.69	-	L11.26	.002	223.52		.23
PRINCIPAL SURGEON	101						0.01	229.10		.22
ASSISTANT SURGEON	0	0		.00	-	.00	.000	. 00		.00
ANESTHESIOLOGIST	11	98		1.448.36		14.78	.001	131.67		.01
SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	0	0		23,139.33 .00 1,448.36 .00 5,803.35 21,759.11 .00 14,760.56 871,882.47 17,937,791.79		.00	.001	.00		.00
PATHOLOGY	335	713		5 803 35		8 14	.007	17.32		.06
RADIOLOGY	278	535		21 759 11		40 67	.005	78.27		.21
PSYCHIATRY	0	0		.00		. 00	.000	.00		.00
TMMUNIZATION AND INTECTION	106	658		14.760.56		22.43	.006	139.25		.14
OTHER SERVICES/ALL X-OVERS	15.829	87.538		871.882.47		9.96	.835	55.08		8.32
@PHARMACY	66 172	1 855 409	Ś	17 937 791 79	Ś	9 67	17.697	\$ 271 08	Ś	171.09
PRESCRIPTION DRUGS	64 624	261 769	¥	16,940,229.31	Ψ.	64.71	2.497	262.14	Υ	161.57
SNF/ICF	1 067	5 863		307,254.39		52.41	.056	287.96		2.93
OUTPATIENTS	63.684	255.906		16,632,974.92		65.00	2.441	261.18		158.64
MEDICAL SUPPLIES	10 857	1 593 640		997,562.48		.63	15.200	91.88		9.51
@DENTIST	5.156	23.446	Ś	1,111,839.82	Ś	47.42	.224		Ś	10.60
VISITS - DIAGNOSTIC	2 994	12 817	Υ	134,446.11		10.49	.122	44.91	Ψ.	1.28
ORAL SURGERY	884	2.798		134,440.11 142,623.24 75.00 800.00 66,759.75 64,641.00 277,507.75 1,529.80 422,309.15		50.97	.027	161.34		1.36
DRIIGS	5	2,7,5		75.00		12.50	.000	15.00		.00
ANESTHESTA	7	8		800.00	-	L00.00	.000	114.29		.01
PERIODONTICS	5.25	550		66.759.75	-	L21.38	.005	127.16		.64
ENDODONTICS	220	302		64.641.00	-	214.04	.003	293.82		.62
RESTORATIVE DENTISTRY	1.222	3.439		277.507.75	-	80.69	.033	227.09		2.65
PROSTHETICS	45	50		1 529 80		30.60	.000	34.00		.01
DENTIRES STAYPLATES	1 337	3 397		422 309 15	-	L24.32	.032	315.86		4.03
SPACE MAINTAINERS	1,33,	0		.00	-	.00	.000	.00		.00
DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	Ô	ñ		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	1	3		1,148.02		382.67	.000	1148.02		.01
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	90	76		.00		.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT I					ÞΣ	GE 2,882
MOP024	FEE-FOR-SERVICE		TCDO IN	OLVIII OI IIIIIIIIIII I	CLI OICI I	. 011 01111	2005 11110 1	.10 2005	1.	01/29/04
FRESNO COUNTY		ICES FOR CASH G	RANT	- AGED	7	AID CODE	₹ 10			J = , _ J / U I
					1	0001		NTHLY AVERA	GE -	

----- MONTHLY AVERAGE -----

104,846 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		COST UN		S (COST PER USER		OST PER LIGIBLE
@OPTOMETRIST	2,324	6,005	\$	118,318.05	\$ 19	.70	.057	\$	50.91	\$	1.13
DIAGNOSTIC AND ANC. PROCED	482	482		19,624.41		.71	.005		40.71		.19
EYE APPLIANCES	1,545	4,441		78,331.58		.64	.042		50.70		.75
OTHER OPTOMETRIC SERVICES	725	1,082		20,362.06		.82	.010		28.09		.19
@CHIROPRACTOR	56	122	\$	1,523.57		1.49	.001	Ś	27.21	Ś	.01
VISITS	16	36	Ÿ	601.92		5.72	.000	٧	37.62	٧	.01
OTHER SERVICES	13	86		921.65		.72	.001		21.43		.01
@PODIATRIST	43 1,313 14	1,916	\$	23,419.79		2.22	.018	Ġ	17.84	Ġ	.22
MEDICINE/INJECTIONS	14	1,910	Ş	495.80		.05	.000	Ų	35.41	Ą	.00
11221011127 111020110110		5									
SURGERY/ANES.	4			71.00		. 20	.000		17.75		.00
RADIO./PATHOLOGY	4 2 1,301	2		34.60		.30	.000		17.30		.00
OTHER	1,301	1,894	4	22,818.39		1.05	.018		17.54		.22
@HOME HEALIH AGENCY	5	95	Ş	6,274.52		.05			1254.90	\$.06
NURSE ANESTHESIST	41	160	Ş	1,253.42		.83	.002	\$	30.57	\$.01
NURSE MIDWIFE	0	0	Ş	.00		.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	8 101	9	\$	415.33		.15	.000		51.92	\$.00
FAMILY NURSE PRACTITIONER	101	249	\$	3,687.22		.81	.002		36.51	\$.04
@TOTAL HOSPITAL	7,682 1,128	29,342	\$	4,610,153.76		1.12	.280	\$	600.12	\$	43.97
HOSP INPATIENT TOTAL	1,128	6,435		3,957,627.54		.02	.061		3508.54		37.75
HSC HOSPITALS	513	3,313		3,209,163.17		.66	.032		6255.68		30.61
NON-HSC HOSPITAL TOTAL	64	334		323,136.06		.47	.003		5049.00		3.08
ACCOMMODATIONS	64	334		111,586.15	334	.09	.003		1743.53		1.06
ADMINISTRATIVE DAYS	28	145		29,742.30	205	.12	.001		1062.23		.28
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	36	189		81,843.85	433	.04	.002		2273.44		.78
ANCILLARIES	64	0		211,549.91		.00	.000		3305.47		2.02
INPATIENT CROSSOVERS	574	2,788		425,328.31	152	1.56	.027		740.99		4.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0 7,065	22,907		652,526.22		.49	.218		92.36		6.22
MEDICAL	92	143		10,619.20		. 26	.001		115.43		.10
SURGERY	20	20		1,183.53		.18	.000		59.18		.01
PATHOLOGY	96	349		4,141.97		87	.003		43.15		.04
RADIOLOGY	111	221		20,441.43		1.50	.002		184.16		.19
ROOM USE	114	155		7,223.76		.60	.001		63.37		.07
CROSSOVERS/ALL OTH OUTPINT		22,019		608,916.33		.65	.210		88.63		5.81
@COUNTY HOSPITAL TOTAL	15	40	\$	10,822.91	\$ 270		.000	Ġ	721.53	Ġ	.10
CO HOSPITAL INPATIENT TOTAL		7	Ş	7,682.16	1097		.000	Ą	2560.72	Ą	.07
HSC HOSPITALS	3	7		7,682.16	1097		.000		2560.72		.07
NON-HSC HOSPITALS TOTAL	0	,		.00	1097	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00			.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00			.00		
ANCILLARIES	0	0				.00	.000				.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	12			.00	٥٦	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	13	33		3,140.75	95	5.17	.000		241.60		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	13	33		3,140.75		17	.000		241.60		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MONTH	I-OF-PAYMENT RE	EPORT FOR	2 JAN 200	3 THRU I	DEC	2003	PA	GE 2,883
MOP024	FEE-FOR-SERVICE/I										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	CES FOR CASH GR	ANT - AG	ED	AII	CODE 10					
							MC	TTMC	HLY AVERA	GE -	

----- MONTHLY AVERAGE -----104,846 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			חשם	ס דואודייי / האיט	PER ELIC	,	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,670 1,125	29,302	\$	4,599,330.85	\$	156.96	.279		599.65		43.87
COMM HOSP INPATIENT TOTAL	1 125	6,428	٧	3,949,945.38	٧	614.49	.061	Y	3511.06	Y	37.67
HSC HOSPITALS	510	3,306		3,201,481.01		968.39	.032		6277.41		30.54
NON-HSC HOSPITALS TOTAL	64	334		323,136.06		967.47	.003		5049.00		3.08
ACCOMMODATIONS	64	334		111,586.15		334.09	.003		1743.53		1.06
ADMINISTRATIVE DAYS	28	145		29,742.30		205.12	.001		1062.23		.28
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	36	189		81,843.85		433.04	.002		2273.44		.78
ANCILLARIES	64	0		211,549.91		.00	.000		3305.47		2.02
INPATIENT CROSSOVERS	574	2,788		425,328.31		152.56	.027		740.99		4.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7,053	22,874		649,385.47		28.39	.218		92.07		6.19
MEDICAL	92	143		10,619.20		74.26	.001		115.43		.10
SURGERY	20	20		1,183.53		59.18	.000		59.18		.01
PATHOLOGY	96	349		4,141.97		11.87	.003		43.15		.04
RADIOLOGY	111	221		20,441.43		92.50	.002		184.16		.19
ROOM USE	114	155		7,223.76		46.60	.001		63.37		.07
CROSSOVERS/ALL OTH OUTPTNT	6,858	21,986		605,775.58		27.55	.210		88.33		5.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,143	27,054	\$	3,805,291.59	\$	140.66	.258	\$	3329.21	\$	36.29
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		380		141,255.21		371.72	.004		12841.38		1.35
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,132	26,674	4	3,664,036.38	4	137.36	.254	4	3236.78	4	34.95
@INTERMEDIATE CARE FACILDD	1	39	\$	7,128.81	\$	182.79	.000	\$		\$.07
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0 1	0 39		.00		.00	.000		.00		.00
ICF DDN/DDCN @HEMODIALYSIS TOTAL	630	803	\$	7,128.81 337,599.44	\$	182.79 420.42	.000	\$	7128.81 535.87	ė.	.07 3.22
HOSPITAL BASED	0.0	0	Ą	.00	Ą	.00	.000	Ą	.00	\$.00
HEMODIALYSIS CENTER	630	803		337,599.44		420.42	.008		535.87		3.22
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	248	1,716	\$	13,237.95	\$	7.71		\$	53.38	\$.13
PATHOLOGY	218	1,645	٧	12,794.56	٧	7.78	.016	Ψ.	58.69	~	.12
XO AND OTHERS	30	71		443.39		6.24	.001		14.78		.00
@ORGANIZED OUTPATIENT CLINIC	7,300	12,674	\$	418,449.48	\$	33.02	.121	Ġ	57.32	\$	3.99
CLINIC	75	457	•	6,551.40		14.34	.004		87.35	•	.06
SURGICENTER	165	253		29,926.76		118.29	.002		181.37		. 29
HEROIN DETOX CLINIC	9	113		1,309.96		11.59	.001		145.55		.01
RURAL HEALTH CLINIC	7,069	11,851		380,661.36		32.12	.113		53.85		3.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT RI	EPOR1	FOR JAN	2003 THRU	DEC	2003	P	AGE 2,884
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR CASH GR	ANT	- AGED		AID CODE	10				
									HLY AVERA		
104,846 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	13,503	2,227,289	\$	3,255,157.35	\$	1.46	21.243	\$	241.07	\$	31.05
DURABLE MED. EQUIP.	288	562		90,227.47		160.55	.005		313.29		.86
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	240	274		130,529.13		476.38	.003		543.87		1.24
MEDICAL TRANSPORTATION	1,526	128,857		400,579.37		3.11	1.229		262.50		3.82
AMBULANCES/AIR TRANS	290	2,903		41,785.60		14.39	.028		144.09		.40
OTHER TRANS	765	120,481		331,575.40		2.75	1.149		433.43		3.16

OTHER SERVICES	559	5,473	27,218.37	4.97	.052	48.69	.26
ACUPUNCTURE	71	158	2,984.35	18.89	.002	42.03	.03
ADULT DAY HEALTH CARE CTR	1,434	22,189	1,539,014.48	69.36	.212	1073.23	14.68
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1,042	4,446	312,643.32	70.32	.042	300.04	2.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,934	6,753	92,133.37	13.64	.064	31.40	.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	32	81	207.09	2.56	.001	6.47	.00
PROSTHETIST/ORTHOTISTS	338	725	22,313.44	30.78	.007	66.02	.21
PROSTHETICS	335	722	22,112.84	30.63	.007	66.01	.21
ORTHOTICS	3	3	200.60	66.87	.000	66.87	.00
PSYCHOLOGIST	1	4	21.68	5.42	.000	21.68	.00
SPEECH AND AUDIOLOGY	441	818	56,920.68	69.59	.008	129.07	.54
HOSPICE SERVICES	26	497	60,419.82	121.57	.005	2323.84	.58
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	10	98.19	9.82	.000	24.55	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6,802	2,061,915	547,064.96	.27	19.666	80.43	5.22
@CALIF. CHILDREN SERVICES*	10	19	\$ 1,642.06	\$ 86.42	.000	\$ 164.21	\$.02
@XOVER EXCLUDING STATE HOSP**	27,029	355,362	\$ 3,318,926.81	\$ 9.34	3.389	\$ 122.79	\$ 31.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,885 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 FRESNO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

----- MONTHLY AVERAGE -----8,796 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 7,004 661,128 5,265,379.39 \$ 7.96 751.77 \$ 598.61 @TOTAL, ALL PROVIDERS 75.162 \$ 2,597 16,497 306,991.21 18.61 1.876 \$ 118.21 \$ 34.90 @PHYSICIANS SERVICES ,032 ,453 1 230 OUTPATIENT VISITS 1,303 2,032 68,456.85 33.69 .231 52.54 7.78 1,453 OFFICE VISITS 1,003 42,905.02 29.53 .165 42.78 4.88 1 187 0 24 205 133 109 10 23 136 136 136 136 23 143 129 2 22 54 1 1 34.30 34.30 HOME VISITS 34.30 .000 .00 EMERGENCY ROOM 15,112.62 65.71 .026 80.82 1.72 0 PREVENTIVE CARE .00 .00 .000 .00 .00 2,600.09 81 32.10 .009 OB VISITS/COMPRE PERI 108.34 .30 OTHER OUTPATIENT 267 7,804.82 29.23 .030 38.07 .89 INPATIENT VISITS 628 30,691.54 48.87 .071 230.76 3.49 HOSPITAL VISITS 557 25,265.54 45.36 .063 231.79 2.87 35 4,256.50 121.61 .004 425.65 CRITICAL CARE .48 SNF/ICF/TRANS IP CARE 36 1,169.50 32.49 .004 50.85 .13 OPHTHALMOLOGICAL SERVICES 167 7,004.89 41.95 .019 51.51 .80 167 7,004.89 41.95 .019 51.51 EXAMINATIONS SERVICES AND MATERIALS 0 .00 .00 .000 .00 .00 22,549.85 199 INPATIENT HOSPITAL SURGERY 113.32 .023 369.67 2.56 83 PRINCIPAL SURGEON 19,264.56 232.10 .009 370.47 2.19 ASSISTANT SURGEON 3 307.64 102.55 .000 102.55 .03 ANESTHESIOLOGIST 113 2,977.65 26.35 248.14 .013 .34 OUTPATIENT SURGERY 488 45,754.96 93.76 .055 319.96 5.20 PRINCIPAL SURGEON 172 41,460.02 241.05 .020 321.40 4.71 .05 ASSISTANT SURGEON 2 446.76 223.38 .000 223.38 .036 314 3,848.18 12.26 174.92 .44 ANESTHESIOLOGIST DIALYSIS 54 248 17,305.79 69.78 .028 320.48 1.97 312 8,701.54 27.89 PATHOLOGY 694 12.54 .079 .99 .081 361 715 28,912.62 40.44 80.09 3.29 RADIOLOGY **PSYCHIATRY** 0 0 .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	85	356	3,639.03	10.22	.040	42.81	.41
OTHER SERVICES/ALL X-OVERS	1,209	10,970	73,974.14	6.74	1.247	61.19	8.41
@PHARMACY	5,620	238,096	\$ 2,136,217.89	\$ 8.97	27.069	\$ 380.11	\$ 242.86
PRESCRIPTION DRUGS	5,447	25,553	1,960,915.21	76.74	2.905	360.00	222.93
SNF/ICF	103	683	44,835.23	65.64	.078	435.29	5.10
OUTPATIENTS	5,360	24,870	1,916,079.98	77.04	2.827	357.48	217.84
MEDICAL SUPPLIES	1,339	212,543	175,302.68	.82	24.164	130.92	19.93
@DENTIST	528	2,665	\$ 104,936.81	\$ 39.38	.303	\$ 198.74	\$ 11.93
VISITS - DIAGNOSTIC	367	1,644	18,479.55	11.24	.187	50.35	2.10
ORAL SURGERY	86	234	11,398.93	48.71	.027	132.55	1.30
DRUGS	2	3	.00	.00	.000	.00	.00
ANESTHESIA	3	3	200.00	66.67	.000	66.67	.02
PERIODONTICS	71	79	10,349.00	131.00	.009	145.76	1.18
ENDODONTICS	24	32	7,626.00	238.31	.004	317.75	.87
RESTORATIVE DENTISTRY	147	459	37,674.10	82.08	.052	256.29	4.28
PROSTHETICS	5	6	445.00	74.17	.001	89.00	.05

DENTURES, STAYPLATES	61	190	18,442.00	97.06	.022	302.33	2.10
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	322.23	107.41	.000	107.41	.04
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	10	12	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,886
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	CASH GRANT	- BLIND	AID CODE	20		
					MONT	THLY AVERAG	E
8,796 ELIGIBLES	USERS UNITS OF	SERVICE	EXPENDITURES AV	ERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS	OF CARE	PE	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	126	317 \$	10,735.42 \$	33.87	.036 \$	85.20	\$ 1.22

FRESNO COUNTI	SUMMARI OF SERV	ICES FOR CASH GRANT -	BLIND	AID CODE			
8,796 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	126	317 \$	10,735.42	\$ 33.87	.036 \$	85.20 \$	1.22
DIAGNOSTIC AND ANC. PROCED	67 87 11 32	73	3,346.20	45.84	.008	49.94	.38
EYE APPLIANCES	87	226	7,132.51	31.56	.026	81.98	.81
OTHER OPTOMETRIC SERVICES	11	18	256.71	14.26	.002	23.34	.03
@CHIROPRACTOR	32	74 \$	1,228.92	\$ 16.61	.008 \$	38.40 \$.14
VISITS	32	74	1,228.92	16.61	.008	38.40	.14
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	154	222 \$	4,284.39	\$ 19.30	.025 \$	27.82 \$.49
MEDICINE/INJECTIONS	64	73	1,803.44	24.70	.008	28.18	.21
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	96	147	2,446.35	16.64	.017	25.48	. 28
@HOME HEALTH AGENCY	41		12,544.76	\$ 71.68	.020 \$	305.97 \$	1.43
NURSE ANESTHESIST	2	25 \$	219.74	\$ 8.79	.003 \$	109.87 \$.02
NURSE MIDWIFE	32 32 0 154 64 0 2 96 41 2	175 \$ 25 \$ 0 \$ 0 \$ 102 \$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0 32	102 \$	1,324.40	\$ 12.98	.012 \$	41.39 \$.15
@TOTAL HOSPITAL	1,185 158	6,586 \$	1,033,367.46	\$ 156.90	.749 \$	872.04 \$	117.48
HOSP INPATIENT TOTAL	150	934	866,717.77	927.96	.106	5485.56	98.54
HSC HOSPITALS	101	618	729,821.68	1180.94	.070	7225.96	82.97
NON-HSC HOSPITAL TOTAL	19	101	107,896.03	1068.28	.011	5678.74	12.27
ACCOMMODATIONS	19	101	33,809.59	334.75	.011	1779.45	3.84
ACCOMMODATIONS ADMINISTRATIVE DAYS	3	101	10,504.26	223.49	.005	3501.42	1.19
TRANSITIONAL IP CARE	3	101 47 0 54 0 215		.00	.000	.00	.00
ALL OTHER ACCOM	0 16 19 41 0 1,117 183 76 328 213 477 643	U F.4	.00 23,305.33 74,086.44	431.58	.006	1456.58	2.65
ALL OTHER ACCOM	10	54	23,305.33	.00	.000	3899.29	8.42
ANCILLARIES	19	0	29,000.06			707.32	3.30
INPATIENT CROSSOVERS	41	215		134.88	.024		
ALL OTHER INPATIENT	1 117	T (F2)	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,11/	5,652	166,649.69	29.49	.643	149.19	18.95
MEDICAL	183	353	13,573.32	38.45	.040	74.17	1.54
SURGERY	76	126	5,754.35	45.67	.014	75.72	.65
PATHOLOGY	328	1,550	19,708.30	12.72	.176	60.09	2.24
RADIOLOGY	213	321	30,805.84	95.97	.036	144.63	3.50
ROOM USE	477	781	32,071.50	41.06	.089	67.24	3.65
CROSSOVERS/ALL OTH OUTPTNT	643	2,521	64,736.38	25.68	.287	100.68	7.36
@COUNTY HOSPITAL TOTAL	2	10 \$	211.12	\$ 21.11	.001 \$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ö	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	10	211.12	21.11	.001	105.56	.02
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00		.000		.00		.00
PATHOLOGY	2	5	47.59				23.80		.01
RADIOLOGY	1	1	39.72				39.72		.00
ROOM USE	2	2	85.87				42.94		.01
CROSSOVERS/ALL OTH OUTPTNT	2	2	37.94	18.	97 .000		18.97		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	S MONTH-OF-PAYMENT	REPORT FOR	JAN 2003 THRU	DEC	2003	P^{R}	GE 2,887
MOP024	FEE-FOR-SERVICE	/DENTAL							01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	T - BLIND	AID	CODE 20				
						MONT	HLY AVERA	GE -	
8,796 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	S AVERAGE	COST UNITS/DA	YS	COST PER	C	OST PER
•		OR DAYS OF CARE			/DAY PER ELI		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,183		1,033,156.34				873.34		117.46
COMM HOSP INPATIENT TOTAL	158	934	866,717.77				5485.56	τ	98.54
HSC HOSPITALS	101	618	729,821.68				7225.96		82.97
NON-HSC HOSPITALS TOTAL	19	101	107,896.03				5678.74		12.27
ACCOMMODATIONS	19	101	33,809.59				1779.45		3.84
ADMINISTRATIVE DAYS	3	47	10,504.26				3501.42		1.19
TRANSITIONAL IP CARE	0	0	.0(000 .000		.00		.00
		54	23,305.33				1456.58		2.65
ALL OIDER ACCOM	16 19	0			00 .000		3899.29		8.42
ANCIDIANTED	41	215	74,086.44 29,000.06				707.32		3.30
INPATIENT CROSSOVERS	0	215							
ALL OTHER INPATIENT			.00 166,438.57		00 .000		.00		.00
	1,115	5,642					149.27		18.92
MEDICAL	183	353	13,573.32				74.17		1.54
SURGERY	76	126	5,754.35				75.72		.65
PATHOLOGY	326	1,545	19,660.71				60.31		2.24
RADIOLOGY	212	320	30,766.12				145.12		3.50
ROOM USE	475	779	31,985.63				67.34		3.64
CROSSOVERS/ALL OTH OUTPTNT		2,519	64,698.44				100.93		7.36
@STATE HOSPITAL	0		.00		.000	-	.00	Ş	.00
MENTALLY ILL	0	0	.00		.000		.00		.00
DEVELOP. DISABLED	0	0	.00		00 .000		.00	_	.00
@NURSING FACILITY	86	,	469,832.15	•				\$	53.41
LEV A-INTERMEDIATE	0	0	.00		.000		.00		.00
LEV B-REHAB MD	0	0	.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	9 0 77 51 35	398	230,059.63				25562.18		26.16
LEV B-TRANSITIONAL IP CARE	0	0	.00		00 .000		.00		.00
LEV B-REGULAR	77	1,806	239,772.52				3113.93	_	27.26
@INTERMEDIATE CARE FACILDD	51	•	244,952.82				4803.00	Ş	27.85
101 2211	5.5	1,087	162,127.99				4632.23		18.43
ICF DD	0	0	.00		.000		.00		.00
ICF DDN/DDCN	16	454	82,824.83				5176.55		9.42
@HEMODIALYSIS TOTAL	269		211,655.01				786.82	Ş	24.06
HOSPITAL BASED	1	1	192.70				192.70		.02
HEMODIALYSIS CENTER	269	2,148	211,462.31				786.11		24.04
@REHABILITATION FACILITY	73	464					110.60	Ş	.92
HOSPITAL BASED	20	81	1,987.04				99.35		. 23
INDEPENDENT FACILITY	53	383	6,086.61				114.84		.69
@LABORATORY FACILITY	277	1,894					72.34	\$	2.28
PATHOLOGY	277	1,894	20,037.63				72.34		2.28
XO AND OTHERS	0	0	.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	714	1,426					110.07	\$	8.93
CLINIC	43	224	5,571.42				129.57		.63
SURGICENTER	27	127	8,251.64				305.62		.94
HEROIN DETOX CLINIC	3	39	431.34				143.78		.05
RURAL HEALTH CLINIC	649	1,036	64,333.79				99.13		7.31
#CALTE DEDT OF HEALTH SERV	MUDT CAT CEDITE	TO AND EXPENDITION	· M()NTTU_()U_D/VMENT	AUA LAUGAA	LIANT YOU'S THRII	DEC	2003	DZ	CF 2 888

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL FRESNO COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

01/29/04

7.31 PAGE 2,888

					MO	NTHLY AVERA	GE	
USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
	OR DAYS OF CAR	E					ELIGI	BLE
1,528	386,691	\$	620,388.94	\$ 1.60	43.962		\$ 70	.53
93	412		96,326.16	233.80	.047	1035.77	10	.95
0	0		.00	.00	.000	.00		.00
14	21		9,578.08	456.10	.002	684.15	1	.09
390	39,392		140,457.74	3.57	4.478	360.15	15	.97
161	1,374		21,435.19	15.60	.156	133.14	2	.44
190	37,545		116,652.82	3.11	4.268	613.96	13	.26
53	473		2,369.73	5.01	.054	44.71		.27
2	3		59.47	19.82		29.74		.01
160	2,409		166,919.56	69.29	.274	1043.25	18	.98
3	3		315.00	105.00	.000	105.00		.04
83	223		22,404.92	100.47	.025	269.94	2	.55
0			()()	0.0	000	.00		.00
225	531		23,257.49	43.80	.060	103.37	2	.64
1			325.27	46.47	.001	325.27		.04
7	21		102.35	4.87	.002	14.62		.01
36	133		9,243.31	69.50	.015	256.76	1	.05
35	132		9,126.98	69.14	.015	260.77	1	.04
1	1		116.33	116.33	.000	116.33		.01
1	4		275.41	68.85	.000	275.41		.03
38	83		6,881.80	04.91	.009	181.10		.78
2	1		133.62		.000	66.81		.02
0	0		.00					.00
190	16,170		73,639.80	4.55	1.838			.37
	326		9.587.66	29.41		9587.66	1	.09
0	0		.00	.00				.00
0	0		.00	.00	.000	.00		.00
516	326,952		60,881.30	.19	37.171	117.99	6	.92
339	30,265	\$	438,587.95	\$ 14.49	3.441	\$ 1293.77	\$ 49	.86
	20,833	\$	311,064.39	\$ 14.93	2.368	\$ 205.32	\$ 35	.36
		RES N	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU D	EC 2003		
							01/	29/04
SUMMARY OF SERV	ICES FOR CASH G	RANT	- DISABLED	AID CODE				
		_				NTHLY AVERA	GE	
	1,528 93 0 14 390 161 190 53 2 160 3 83 0 225 1 7 36 35 1 1 38 2 0 190 190 1 0 0 516 339 1,515 GIVEN AS A SEPAR	OR DAYS OF CAR 1,528	OR DAYS OF CARE 1,528	OR DAYS OF CARE 1,528	OR DAYS OF CARE 1,528	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 1,528 386,691 \$ 620,388.94 \$ 1.60 43.962 93 412 96,326.16 233.80 .047 0.0 .00 .00 .00 .00 .00 .00 .00 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE 1,528 386,691 \$ 620,388.94 \$ 1.60 43.962 \$ 406.01 93 412 96,326.16 233.80 .047 1035.77 0 0 0 .00 .00 .00 .00 .000 14 21 9,578.08 456.10 .002 684.15 390 39,392 140,457.74 3.57 4.478 360.15 161 1,374 21,435.19 15.60 .156 133.14 190 37,545 116,652.82 3.11 4.268 613.96 53 473 2,369.73 5.01 .054 44.71 2 3 3 59.47 19.82 .000 29.74 160 2,409 166,919.56 69.29 .274 1043.25 3 3 3 3 3 35.00 105.00 .000 .000 83 223 22,404.92 100.47 .025 269.94 0 0 0 0 0 0 .00 .00 .00 .00 225 531 22,274.99 43.80 .060 133.37 7 2 1 1 7 325.27 46.47 .001 325.27 7 2 1 102.35 4.87 .002 14.62 36 133 9,243.31 69.50 .015 256.76 37 3 132 9,126.98 69.14 .015 256.76 38 8 8 8 8 6,881.80 82.91 .009 181.10 1 1 4 2 2 1 1 16.63 116.33 116.33 .000 .105.33 1 1 4 4 275.41 68.85 .000 275.41 38 8 8 8 8 6,881.80 82.91 .009 181.10 1 1 1 1 1 16.33 116.33 .000 .105.33 1 1 4 4 275.41 68.85 .000 275.41 38 8 8 8 8 6,881.80 82.91 .009 .00 .00 190 16,170 73,639.80 4.55 1.888 387.58 1 326 9,587.66 29.41 .037 9587.58 1 326 9,587.66 29.41 .037 9587.58 1 326 9,587.66 29.41 .037 9587.58 1 1 326 9,587.66 29.41 .037 9587.58 1 1 326 9,587.66 29.41 .037 9587.58 2 1 1 33.62 133.62 .000 .00 2 2 1 1 133.62 133.62 .000 .00 2 2 1 1 133.62 133.62 .000 .00 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	OR DAYS OF CARE 1,528 386,691 \$ 620,388.94 \$ 1.60 43.962 \$ 406.01 \$ 70

						ATITUL AVENA	GE
282,295 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	243,244	14,180,748 \$	165,960,635.74	\$ 11.70	50.234 \$	682.28	\$ 587.90
@PHYSICIANS SERVICES	86,100	445,225 \$	10,237,850.43	\$ 22.99	1.577 \$	118.91	\$ 36.27
OUTPATIENT VISITS	52,557	81,447	2,767,389.94	33.98	.289	52.66	9.80
OFFICE VISITS	39,940	56,622	1,662,490.59	29.36	.201	41.62	5.89
HOME VISITS	351	464	19,080.14	41.12	.002	54.36	.07
EMERGENCY ROOM	9,125	11,957	735,399.35	61.50	.042	80.59	2.61
PREVENTIVE CARE	16	16	834.31	52.14	.000	52.14	.00
OB VISITS/COMPRE PERI	502	2,373	65,169.12	27.46	.008	129.82	.23
OTHER OUTPATIENT	7,578	10,015	284,416.43	28.40	.035	37.53	1.01
INPATIENT VISITS	5,232	22,199	1,179,421.22	53.13	.079	225.42	4.18
HOSPITAL VISITS	3,952	17,640	811,387.18	46.00	.062	205.31	2.87
CRITICAL CARE	357	1,811	270,362.56	149.29	.006	757.32	.96
SNF/ICF/TRANS IP CARE	1,256	2,748	97,671.48	35.54	.010	77.76	.35
OPHTHALMOLOGICAL SERVICES	1,692	2,014	87,226.31	43.31	.007	51.55	.31
EXAMINATIONS	1,690	2,011	87,057.01	43.29	.007	51.51	.31
SERVICES AND MATERIALS	3	3	169.30	56.43	.000	56.43	.00
INPATIENT HOSPITAL SURGERY	1,956	10,282	1,011,151.04	98.34	.036	516.95	3.58
PRINCIPAL SURGEON	1,563	2,664	806,083.37	302.58	.009	515.73	2.86

ASSISTANT SURGEON	185	194	42,311.40	218.10	.001	228.71	.15	
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	556	7,424	162,756.27	21.92	.026	292.73	.58	
OUTPATIENT SURGERY	4,751	9,762	962,341.75	98.58	.035	202.56	3.41	
DDINGIDAL CUDCEON	4,303	5,582	865,287.31	155.01	.020	201.09	3.07	
PRINCIPAL SURGEON	4,303							
ASSISTANT SURGEON	24	24	2,785.06	116.04	.000	116.04	.01	
ANESTHESIOLOGIST	652	4,156	94,269.38	22.68	.015	144.58	.33	
DIALYSIS	522	1,985	152,450.04	76.80	.007	292.05	.54	
PATHOLOGY	11,243	26,901	309,216.16	11.49	.095	27.50	1.10	
RADIOLOGY	14,392	29,180	1,051,436.07	36.03	.103	73.06	3.72	
PSYCHIATRY	26	34	911.86	26.82	.000	35.07	.00	
FOICHIAINI	4,404							
IMMUNIZATION AND INJECTION	4,404	40,456	866,062.37	21.41	.143	196.65	3.07	
OTHER SERVICES/ALL X-OVERS	31,246	220,965	1,850,243.67	8.37	.783	59.22	6.55	
@PHARMACY	189,838	5,403,212 \$ 854,688		\$ 13.33	19.140 \$		\$ 255.10	
PRESCRIPTION DRUGS	185,678	854,688	65,255,397.36	76.35	3.028	351.44	231.16	
SNF/ICF	4,894	30,298	2,677,139.60	88.36	.107	547.02	9.48	
OUTPATIENTS	181.323	824.390	62,578,257.76	75.91	2.920	345.12	221.68	
MEDICAL SUPPLIES	185,678 4,894 181,323 29,320 22,631	4,548,524 114,137 \$ 70,093	6,758,061.90	1.49	16.113	230.49	23.94	
@DENTIST	22,520	114,137 \$		\$ 38.89	.404 \$			
@DENIISI	22,031	114,137 Ş						
VISITS - DIAGNOSTIC	14,992		778,591.62	11.11	. 248	51.93	2.76	
ORAL SURGERY	3,550	10,054	571,350.20	56.83	.036	160.94	2.02	
DRUGS	175	367	6,084.50	16.58	.001	34.77	.02	
VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	175 158	10,054 367 160	14,950.00	93.44	.001	94.62	.05	
PERIODONTICS	3,025 1,174	3,260	394,442.50	120.99	.012	130.39	1.40	
ENDODONTICS	1 174	1,716	343,970.00	200.45	.006	292.99	1.22	
DECTODATIVE DENTICTOV	6,470	19,495	1,436,033.11	73.66	.069	221.95	5.09	
RESTORATIVE DENTISTRY	184			23.77	.001		.02	
PROSTHETICS	184	201	4,777.50			25.96		
DENTURES, STAYPLATES	2,701	7,726	845,816.58	109.48	.027	313.15	3.00	
SPACE MAINTAINERS	22	35	3,197.00	91.34	.000	145.32	.01	
MAXILLOFACIAL SERVICES	65	77	6,737.23	87.50	.000	103.65	.02	
FRACTURES, DISLOCATIONS	2	4	3,200.00	800.00	.000	1600.00	.01	
ORTHODONTIC SERVICES	275	357	29,535.00	82.73	.001	107.40	.10	
ALL OTHER SERVICES	353							
ALL OTHER SERVICES	353 MEDI-CAL SERVI	592	655.00	1.11	.002	1.86	.00	Ω
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	353 MEDI-CAL SERVI	592 CES AND EXPENDITURES	655.00	1.11	.002	1.86	.00 PAGE 2,890	
MOP024	FEE-FOR-SERVIC	592 CES AND EXPENDITURES E/DENTAL	655.00 MONTH-OF-PAYMENT RI	1.11 EPORT FOR JAN	.002 2003 THRU DE	1.86	.00	
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY	FEE-FOR-SERVIC	592 CES AND EXPENDITURES	655.00 MONTH-OF-PAYMENT RI	1.11 EPORT FOR JAN	.002 2003 THRU DE	1.86 C 2003	.00 PAGE 2,890 01/29/04	
MOP024 FRESNO COUNTY	FEE-FOR-SERVIC SUMMARY OF SER	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN	655.00 MONTH-OF-PAYMENT RI	1.11 EPORT FOR JAN AID CODE	.002 2003 THRU DE 60 MON	1.86 C 2003 THLY AVERA	.00 PAGE 2,890 01/29/04 GE	
MOP024	FEE-FOR-SERVIC	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE	655.00 MONTH-OF-PAYMENT RI	1.11 EPORT FOR JAN AID CODE AVERAGE COST	.002 2003 THRU DE 60 MON UNITS/DAYS	1.86 C 2003 THLY AVERA COST PER	.00 PAGE 2,890 01/29/04 GE COST PER	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES	FEE-FOR-SERVIC SUMMARY OF SER USERS	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY	.002 2003 THRU DE 60 MON UNITS/DAYS PER ELIG	1.86 C 2003 THLY AVERA COST PER USER	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$	1.86 C 2003 THLY AVERA COST PER USER 61.36	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY	.002 2003 THRU DE 60 MON UNITS/DAYS PER ELIG	1.86 C 2003 THLY AVERA COST PER USER	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$	1.86 C 2003 THLY AVERA COST PER USER 61.36	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611	655.00 MONTH-OF-PAYMENT RIT - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55	.002 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .059 \$.010 .045	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082	655.00 MONTH-OF-PAYMENT RIT - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 \$	655.00 MONTH-OF-PAYMENT RI IT - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 \$ 2,042	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 \$ 2,042 85	655.00 MONTH-OF-PAYMENT RIT - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 2,875 12,611 1,082 2,127 2,042 85 6,023	655.00 MONTH-OF-PAYMENT RI IT - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 2,042 85 6,023 \$ 2,596	655.00 MONTH-OF-PAYMENT RI IT - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 \$ 2,042 85 6,023 \$ 2,596 73	655.00 MONTH-OF-PAYMENT RI EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 2,042 85 6,023 \$ 2,596	655.00 MONTH-OF-PAYMENT RI EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63 133	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 \$ 2,042 85 6,023 \$ 2,596 73 164	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32 2,867.64	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48 17.49	.002 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58 21.56	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02 .01	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63 133 2,071	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 \$ 2,042 85 6,023 \$ 6,023 \$ 73 164 3,190	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32 2,867.64 55,745.23	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48 17.49 17.47	.002 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000 .001 .011	1.86 C 2003 THLY AVERA COST PER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58 21.56 26.92	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02 .01 .20	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63 133 2,071 1,073	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 \$ 2,042 85 6,023 \$ 2,596 73 164 3,190 67,324 \$	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32 2,867.64 55,745.23 2,158,849.42	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48 17.49 17.47 \$ 32.07	.002 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000 .001 .011 .238 \$	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58 21.56 26.92 2011.98	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02 .01 .20 \$ 7.65	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63 133 2,071 1,073 84	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 \$ 2,042 85 6,023 \$ 2,596 73 164 3,190 67,324 \$ 489 \$	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32 2,867.64 55,745.23 2,158,849.42 5,044.17	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48 17.49 17.47 \$ 32.07 \$ 10.32	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000 .001 .011 .238 \$.002 \$	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58 21.56 26.92 2011.98 60.05	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02 .01 .20 \$ 7.65 \$.02	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63 133 2,071 1,073 84 0	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 \$ 2,042 85 6,023 \$ 2,596 73 164 3,190 67,324 \$ 489 \$ 0 \$	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32 2,867.64 55,745.23 2,158,849.42 5,044.17	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48 17.49 17.47 \$ 32.07 \$ 10.32 \$.00	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000 .001 .011 .238 \$.002 \$.000 \$	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58 21.56 26.92 2011.98 60.05	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02 .01 .20 \$ 7.65 \$.02 \$.00	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63 133 2,071 1,073 84 0	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 2,875 12,611 1,082 2,127 2,042 85 6,023 2,596 73 164 3,190 67,324 489 0 8	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32 2,867.64 55,745.23 2,158,849.42 5,044.17 00 115.84	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48 17.49 17.47 \$ 32.07 \$ 10.32 \$.00 \$ 14.48	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000 .001 .011 .238 \$.002 \$.000 \$.000 \$	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58 21.56 26.92 2011.98 60.05 .00 28.96	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02 .01 .20 \$ 7.65 \$.02 \$.00 \$.00	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63 133 2,071 1,073 84 0 4	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 2,042 85 6,023 \$ 2,596 73 164 3,190 67,324 489 0 \$ 8 3,078	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32 2,867.64 55,745.23 2,158,849.42 5,044.17 .00 115.84 50,667.14	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48 17.49 17.47 \$ 32.07 \$ 10.32 \$.00 \$ 14.48 \$ 16.46	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000 .001 .011 .238 \$.002 \$.002 \$.000 \$.000 \$.001 \$	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58 21.56 26.92 2011.98 60.05 .00 28.96 44.33	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02 .01 .20 \$ 7.65 \$.02 \$.00 \$.00 \$.00 \$.18	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63 133 2,071 1,073 84 0 4 1,143 41,590	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 2,875 12,611 1,082 2,127 2,042 85 6,023 2,596 73 164 3,190 67,324 489 0 \$ 3,078 \$ 3,078 \$ 241,062	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32 2,867.64 55,745.23 2,158,849.42 5,044.17 .00 115.84 50,667.14 35,725,150.98	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48 17.49 17.47 \$ 32.07 \$ 10.32 \$.00 \$ 14.48 \$ 16.46 \$ 148.20	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000 .001 .011 .238 \$.002 \$.002 \$.000 \$.001 \$.011 \$.854 \$	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58 21.56 26.92 2011.98 60.05 .00 28.96 44.33 858.98	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02 .01 .20 \$ 7.65 \$.02 \$.00 \$.00 \$.18 \$ 126.55	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63 133 2,071 1,073 84 0 4	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 2,042 85 6,023 \$ 2,596 73 164 3,190 67,324 489 0 \$ 8 3,078	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32 2,867.64 55,745.23 2,158,849.42 5,044.17 .00 115.84 50,667.14	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48 17.49 17.47 \$ 32.07 \$ 10.32 \$.00 \$ 14.48 \$ 16.46	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000 .001 .011 .238 \$.002 \$.002 \$.000 \$.000 \$.001 \$	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58 21.56 26.92 2011.98 60.05 .00 28.96 44.33 858.98 6388.82	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02 .01 .20 \$ 7.65 \$.02 \$.00 \$.00 \$.00 \$.18	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63 133 2,071 1,073 84 0 4 1,143 41,590	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 2,875 12,611 1,082 2,127 2,042 85 6,023 2,596 73 164 3,190 67,324 489 0 \$ 3,078 \$ 3,078 \$ 241,062	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32 2,867.64 55,745.23 2,158,849.42 5,044.17 .00 115.84 50,667.14 35,725,150.98	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48 17.49 17.47 \$ 32.07 \$ 10.32 \$.00 \$ 14.48 \$ 16.46 \$ 148.20	.002 2003 THRU DE 60 MON' UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000 .001 .011 .238 \$.002 \$.002 \$.000 \$.001 \$.011 \$.854 \$	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58 21.56 26.92 2011.98 60.05 .00 28.96 44.33 858.98	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02 .01 .20 \$ 7.65 \$.02 \$.00 \$.00 \$.18 \$ 126.55	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63 133 2,071 1,073 84 0 4 1,143 41,590 4,567	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 \$ 2,875 12,611 1,082 2,127 \$ 2,042 85 6,023 \$ 6,023 \$ 2,596 73 164 3,190 67,324 \$ 489 \$ 0 \$ 3,078 \$ 3,078 \$ 241,062 \$ 28,443 20,831	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32 2,867.64 55,745.23 2,158,849.42 5,044.17 .00 115.84 50,667.14 35,725,150.98 29,177,739.56	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48 17.49 17.47 \$ 32.07 \$ 10.32 \$.00 \$ 14.48 \$ 16.46 \$ 148.20 1025.83	.002 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000 .001 .011 .238 \$.002 \$.000 \$.000 \$.000 \$.001 \$.000 \$.001 \$.001 \$.000 \$.001 \$.000 \$.001 \$.001 \$.000 \$.001 \$.001 \$.000 \$.001 \$.001 \$.000 \$.001 \$.000 \$.001 \$.001 \$.000 \$.001 \$.001 \$.001 \$.000 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001 \$.001	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58 21.56 26.92 2011.98 60.05 .00 28.96 44.33 858.98 6388.82	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02 .01 .20 \$ 7.65 \$.02 \$.00 \$.18 \$ 126.55 103.36 92.17	
MOP024 FRESNO COUNTY 282,295 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVIC SUMMARY OF SER USERS 5,819 2,836 4,385 697 1,171 1,114 60 4,334 2,341 63 133 2,071 1,073 84 0 4 1,143 41,590 4,567 3,368	592 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 16,568 2,875 12,611 1,082 2,127 2,042 85 6,023 2,596 73 164 3,190 67,324 489 0 \$ 3,078 \$ 3,078 241,062 28,443	655.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 357,038.26 130,400.83 208,697.07 17,940.36 35,092.77 33,937.26 1,155.51 130,640.12 66,005.93 6,021.32 2,867.64 55,745.23 2,158,849.42 5,044.17 .00 115.84 50,667.14 35,725,150.98 29,177,739.56 26,017,841.09	1.11 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.55 45.36 16.55 16.58 \$ 16.50 16.62 13.59 \$ 21.69 25.43 82.48 17.49 17.47 \$ 32.07 \$ 10.32 \$.00 \$ 14.48 \$ 16.46 \$ 148.20 1025.83 1249.00	.002 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .059 \$.010 .045 .004 .008 \$.007 .000 .021 \$.009 .000 .011 .238 \$.002 \$.000 \$.000 \$.001 .011 .238 \$.002 \$.000 \$.001 .011 .238 \$.002 \$.000 \$.001 .011 .238 \$.002 \$.000 \$.001 .011 .238 \$.002 \$.000 \$.001 .011 .238 \$.002	1.86 C 2003 THLY AVERA COST PER USER 61.36 45.98 47.59 25.74 29.97 30.46 19.26 30.14 28.20 95.58 21.56 26.92 2011.98 60.05 .00 28.96 44.33 858.98 6388.82 7725.01	.00 PAGE 2,890 01/29/04 GE COST PER ELIGIBLE \$ 1.26 .46 .74 .06 \$.12 .12 .00 \$.46 .23 .02 .01 .20 \$ 7.65 \$.02 \$.00 \$.18 \$ 126.55 103.36	

ADMINISTRATIVE DAYS	116	780	175,767.29	225.34	.003	1515.24	.62
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	285	1,237	538,342.47	435.20	.004	1888.92	1.91
ANCILLARIES	399	0	1,596,643.37	.00	.000	4001.61	5.66
INPATIENT CROSSOVERS	913	5,595	849,145.34	151.77	.020	930.06	3.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	39,210	212,619	6,547,411.42	30.79	.753	166.98	23.19
MEDICAL	7,670	15,316	733,703.50	47.90	.054	95.66	2.60
SURGERY	2,520	3,902	155,519.31	39.86	.014	61.71	.55
PATHOLOGY	12,771	60,834	743,154.21	12.22	.215	58.19	2.63
RADIOLOGY	8,330	13,608	1,180,113.69	86.72	.048	141.67	4.18
ROOM USE	19,378	32,049	1,326,359.32	41.39	.114	68.45	4.70
CROSSOVERS/ALL OTH OUTPINT	21,576	86,910	2,408,561.39	27.71	.308	111.63	8.53
@COUNTY HOSPITAL TOTAL	210	938	\$ 232,982.21	\$ 248.38	.003	\$ 1109.44	\$.83
CO HOSPITAL INPATIENT TOTAL	31	177	203,202.12	1148.03	.001	6554.91	.72
HSC HOSPITALS	31	176	201,886.94	1147.08	.001	6512.48	.72

NON-HSC HOSPITALS TOTAL	1	1		1,315.18	1315.18	.000	1315.18		.00
	1	1 1 1 0 0 0 0 761 81 22 266 81 134 177		221 20	231.30	.000	231.30		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	1	1		231.30					
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30		.00
TRANSITIONAL IP CARE	0	0		.00 .00 1,083.88 .00 .00 29,780.09 3,153.92 398.03	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCTLLARTES	1	0		1 083 88	0.0	000	.00 1083.88		.00
TNDATTENT CDOCCOVEDC	0	0		1,003.00	00	.000	.00 .00 .00 160.11 52.57		.00
INFAITENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATTENT	U	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	186	761		29,780.09	39.13	.003	160.11		.11
MEDICAL	60	81		3,153.92	38.94	.000	52.57		.01
SURGERY	13	22		398.03	18.09	.000	30.62		.00
PATHOLOGY	13 58	266		2 502 15	12 51	.001	61 05		.01
	48	200		5,393.13	18.09 13.51 67.63 37.56	.001	30.62 61.95 114.13 47.04		.02
RADIOLOGY	48	81		5,4/8.10	07.03	.000	114.13		.02
ROOM USE	107	134		5,033.10	37.56	.000	47.04		.02
CROSSOVERS/ALL OTH OUTPTNT	95	177		12,123.79	68.50	.001	127.62		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE	ES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU D	EC 2003	P	AGE 2,891
MOP024	FEE-FOR-SERVICE								01/29/04
FRESNO COUNTY		ICES FOR CASH GRA	יחדתי	DICADIED	AID CODE	60			01/25/01
FRESHO COUNTY	SUMMARI OF SERV	ICES FOR CASH GRA	-71/A T	- DISABLED	AID CODE			~ =	
							NTHLY AVERA		
282,295 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS			COST PER
		OR DAYS OF CARE		35,492,168.77	PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	41.427		\$	35,492,168.77	\$ 147.81	. 851	\$ 856.74	Ś	125.73
COMM HOSD INDATTENT TOTAL	1 5 3 9	28 266	Ψ	28 974 527 44	1025.07	.100	6384.87	٧	102.64
COMM HOSE INFAILENT TOTAL	1,330	20,200		20,9/4,33/.44	1025.07 1249.86 1145.55 354.11	.100			
HSC HOSPITALS	3,338	20,055		25,815,954.15	1249.86	.073	7733.96		91.45
NON-HSC HOSPITALS TOTAL	398	2,016		2,309,437.95	1145.55	.007	5802.61		8.18
ACCOMMODATIONS	397	2,016		713,878.46	354.11	.007	1798.18		2.53
ADMINISTRATIVE DAYS	115	779		175.535.99	225.34	.003	1526.40		.62
TRANSTITONAL TO CARE	0	0		0.0	0.0	.000	.00		.00
ALL OTHER ACCOM	205	1 227		E20 242 47	425 20	.004	1888.92		1.91
ALL OTHER ACCOM	200	1,237		1 505 550 40	433.20	.004			
ANCILLARIES	398	Ü		1,595,559.49	.00	.000	4008.94		5.65
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	913	5,595		175,535.99 .00 538,342.47 1,595,559.49 849,145.34	151.77	.020	930.06		3.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	39.065	211.858		6.517.631.33	30.76 47.95 39.98 12.21 86.84	. 750	166.84 95.96 61.88 58.13 141.74		23.09
MEDICAI	7 613	15 225		730,549.58	47 95	054	95 96		2.59
MEDICAL	7,013	15,235 3,880		155 121 20	20.00	.031	61.00		
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	2,507	3,880 60,568 13,527 31,915 86,733 748 325 423		155,121.28	39.98	.014	61.88		.55
PATHOLOGY	12,722	60,568		739,561.06	12.21	.215	58.13		2.62
RADIOLOGY	8,287	13,527		1,174,635.59	86.84 41.40	.048	141.74		4.16
ROOM USE	19.295	31.915		1,321,326.22	41.40	.113	68.48		4.68
	21 /10/	86 733		2,396,437.60	\$ 448.51 480.20 424.17 \$ 156.98	.307	111.49		8.49
	21,424	740	۲.	335,488.72	\$ 448.51	.507	\$ 13978.70	بن	1.19
@STATE HOSPITAL	24	740	Ą	335,400.72	\$ 440.51	.003		Ą	
MENTALLY ILL	10	325		156,064.78	480.20	.001	15606.48		.55
DEVELOP. DISABLED	14	423	\$	179,423.94	424.17	.001	12816.00		.64
@NURSING FACILITY	2,442	69,422	\$	10,897,638.01	\$ 156.98	.246	\$ 4462.59	\$	38.60
LEV A-INTERMEDIATE	0 8 86 110	0 154 2,751 3,740	-			.000	.00		.00
T.FV B-PFHAR MD	8	154		18,509.37	120.19 359.67 479.29	.001	2313.67		.07
LEV B-SUBACUTE FREESTANDING	06	2 7 7 1		989,438.51	250.57				
LEV B-SUBACUIE FREESIANDING	80	2,751		989,438.51	359.67		11505.10		3.50
LEV B-SUBACUTE HSPTL BASED	110	3,740		1,792,555.49	479.29	.013	16295.96		6.35
LEV B-TRANSITIONAL IP CARE	U			.00	.00	.000	.00		.00
LEV B-REGULAR	2,241	62,777		8,097,134.64	128.98	.222	3613.18		28.68
@INTERMEDIATE CARE FACILDD	1,614	50,508	\$	8,631,478.14	\$ 170.89		\$ 5347.88	Š	30.58
ICF DDH	695	21,580	٧	3,217,324.73	149.09	.076	4629.24	Y	11.40
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	919	28,928		5,414,153.41	187.16	.102	5891.35		19.18
@HEMODIALYSIS TOTAL	2,412	39,397	\$	2,388,898.83	\$ 60.64	.140	\$ 990.42	\$	8.46
HOSPITAL BASED	33	150	•	132,765.42	885.10	.001	4023.19	•	.47
HEMODIALYSIS CENTER	2,382	39,247		2,256,133.41	57.49	.139	947.16		7.99
			ė.					۲,	
@REHABILITATION FACILITY	1,995	13,540	\$	258,367.67	\$ 19.08	.048	•	Ş	.92
HOSPITAL BASED	869	3,647		103,721.05	28.44	.013	119.36		. 37
INDEPENDENT FACILITY	1,137	9,893		154,646.62	15.63	.035	136.01		.55
@LABORATORY FACILITY	11,164	70,242	\$	753,758.64	\$ 10.73	.249	\$ 67.52	\$	2.67
			-						

PATHOLOGY	11,118	70,134	752,714.49	10.73	.248	67.70	2.67
XO AND OTHERS	48	108	1,044.15	9.67	.000	21.75	.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	27,029	45,286 \$	1,044.15 3,001,023.13	\$ 66.27	.160 \$	111.03	\$ 10.63
CLINIC	995	3,123	59,769.19	19.14	.011	60.07	.21
SURGICENTER	665	2,738	137,406.49	50.18	.010	206.63	.49
HEROIN DETOX CLINIC	164	2,017	22,813.68	11.31	.007	139.11	.08
RURAL HEALTH CLINIC	25.312	37,408	2.781.033.77	74.34	.133	109.87	9.85
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,892
MOP024	FEE-FOR-SERVICE	/DENTAL	01.111 01 111111111111111111111		.005 11110 220	. 2005	01/29/04
FRESNO COUNTY		ICES FOR CASH GRANT	- DISABLED	AID CODE	60		01/25/01
11122110 0001111	Sommer of Serv	1020 1011 011011 0111111	2121222	1112 0022	MONT	THIY AVERA	GE
282,295 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OD DAVIG OF GARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	46 962	7,592,318 \$	14,539,731.65	\$ 1.92	26 895 S	309.61	
DIRABLE MED ECUID	3 238	11,400	2,765,164.50	242 56	.040	853.97	9.80
BIOOD BANK	0,230	0	.00	00	000	.00	.00
HEADING AID DISDENSEDS	257	327	128,525.14	242.56 .00 393.04 5.44 14.57	.000 .001 1.217 .248	500.10	.46
MEDICAL TRANSPORTATION	9 557	343,434	1,867,419.36	5 //	1 217	195.40	6.62
AMBULANCES/AIR TRANS	6 000	60 042	1,018,925.96	14 57	2.217	145.79	3.61
AMBULANCES/AIR IRANS	6,989 1,725 1,165 363	69,943 259,322		2.98	010	447.50	2.73
OTHER TRANS	1,725 1,165	259,322 14 160	76 540 50	5.40	.919	65.71	.27
OTHER SERVICES	1,105	14,109	12 406 40	18.22	.050	37.15	.05
ACUPUNCTURE	303	740	13,480.48		.003		
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	3,688	52,688	3,65/,153.35	69.41	.187	991.64	12.96 .03
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	9 /	259,322 14,169 740 52,688 97 46,818 0 20,021 31 458 4,164	9,856.00	101.61	.000	101.61	
IHMC, MODEL-NF, NF, AIDS, MSSP	1,210	46,818	1,502,936.77	32.10	.166	1242.10	5.32
OCCUPATIONAL THERAPIST	0	0	.00	.00		.00	.00
OPTICIAN	8,700	20,021	271,575.38	13.56	.071	31.22	.96
PHYSICAL THERAPIST	5	31	529.06	17.07	.000	105.81	.00
PORTABLE X-RAY	142	458	9,192.68	20.07	.002	64.74	.03
PROSTHETIST/ORTHOTISTS	1,312	4,164	366,332.61	87.98	.015	279.22	1.30
PROSTHETICS ORTHOTICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN	1,259	4,083 81	330,037.02	87.89	.014	285.04	1.27
ORTHOTICS	59	81 203 8,054	7,472.79	92.26	.000	126.66	.03
PSYCHOLOGIST	62	203	5,778.72	28.47 47.46	.001	93.21	.02
SPEECH AND AUDIOLOGY	2,095	8,054	382,258.76	47.46	.029	182.46	1.35
HOSPICE SERVICES	70	1,371	183,726.07	134.01	.005	2624.66	.65
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8,525	150,976	.00 895,289.85 835,285.59 1,002.32	5.93	.535	105.02 8352.86	3.17
EPSDT SUPPLEMENTAL SERVICE	100	34,154	835,285.59	24.46	.121	8352.86	2.96
RESPIRATORY CARE PRACT.	34	34	1,002.32	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12,534	6,917,382		.24	24.504	131.26	5.83
@CALIF. CHILDREN SERVICES*	9,811	1,065,430 \$	1,645,221.36 17,053,603.41	\$ 16.01	3.774 \$		\$ 60.41
@XOVER EXCLUDING STATE HOSP**	36,322	550,888 \$	5,371,905.44	\$ 9.75	1.951 \$	147.90	
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION ITEM		7			7
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL LINE					
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOVE	S TESVE.				
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M	ONTH-OF-DAVMENT RI	C MAT. SOR TROOR	003 THRII DEC	2003	PAGE 2,893
MOP024	FEE-FOR-SERVICE		ONTH OF THEFT	DIORT TOR OTHER	1005 TIMO DEC	. 2005	01/29/04
FRESNO COUNTY		ICES FOR CGF 30-33 3	5 40 42 3A-3M 3D 1	3R 3II 3W 4C-4G			01/25/01
INDDIO COUNTI	Bornmaci Oi Blicv	Telb for edf 50 55 5	5 10 12 511 511 51	510 50 5W 10 10	MONT	מסקעמ ע.זעי	CF
90,617 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
90,017 EDIGIBLES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	171,203		34,151,963.10		10.512 \$	199.48	
@PHYSICIANS SERVICES	18,448	952,555 \$ 48,407 \$	2,385,150.97	\$ 35.85 \$ 49.27	.534 \$	129.40	\$ 376.88 \$ 26.32
				35.39			\$ 26.32 7.95
OUTPATIENT VISITS	13,780	20,343	719,970.25		.224	52.25	
OFFICE VISITS	8,624	10,687	352,032.14	32.94	.118	40.82	3.88
HOME VISITS	24	28	1,364.88	48.75	.000	56.87	.02
EMERGENCY ROOM	3,278	3,698	193,043.34	52.20	.041	58.89	2.13
PREVENTIVE CARE	101	103	4,200.75	40.78	.001	41.59	.05
OB VISITS/COMPRE PERI	825	3,793	100,010.22	26.37	.042	121.22	1.10

OTHER OUTPATIENT	1,739	2,034		69,318.92		34.08	.022		39.86		.76
INPATIENT VISITS	1,248	5,844		585,795.72		100.24	.064		469.39		6.46
		3,543		191,443.00		54.03	.039		178.75		2.11
HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE	221	2,280		393,587.17		172.63	.025		1780.94		4.34
SNE/ICE/TRANS ID CARE	12	21		765.55		36.45	.000		63.80		.01
OPHTHALMOLOGICAL SERVICES	322	385		19,163.07		49.77	.004		59.51		.21
		384					.004				.21
EXAMINATIONS	321	384		19,143.07		49.85			59.64		
SERVICES AND MATERIALS	1	1 4,097 664		20.00		20.00	.000		20.00		.00
INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON	816	4,097		486,631.36		118.78	.045		596.36		5.37
PRINCIPAL SURGEON	507	001		365,479.62		550.42	.007		720.87		4.03
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION	84	85		17,391.26		204.60	.001		207.04		.19
ANESTHESIOLOGIST	366	3,348		103,760.48		30.99	.037		283.50		1.15
OUTPATIENT SURGERY	1,095	3,348 2,226 1,124		176,625.59		79.35	.025		161.30		1.95
PRINCIPAL SURGEON	912	1,124		176,625.59 141,918.39 769.42		126.26	.012		155.61		1.57
ASSISTANT SURGEON	7	. 7		769.42		109.92	.000		109.92		.01
ANESTHESIOLOGIST	265	1,095		33,937.78		30.99	.012		128.07		.37
DIALYSIS	10	26		3,528.74		135.72	.000		352.87		.04
DATHOLOGY	1 984			68,800.54		17.68	.043		34.68		.76
PADIOLOGY	2,204	1 671		129,127.41		27.63	.052		45.63		1.42
RADIOLOGI	2,630	3,892 4,674 6 385		178.62		29.77	.000		35.72		.00
PSICHIAIRI	205	305		1/0.02		49.77					
	285	6 385 6,529		18,868.16		49.01	.004		66.20		.21
OTHER SERVICES/ALL X-OVERS	2,687 2,687 21,219 20,802	6,529		176,461.51	4.	27.03	.072		65.67		1.95
@PHARMACY	21,219	110,725 \$	5	3,272,917.53	Ş	29.56	1.222	Ş		Ş	36.12
PRESCRIPTION DRUGS	20,802	49,100		2,868,947.66		58.35	.543		137.92		31.66
SNF/ICF	77	374		59,064.52		157.93	.004		767.07		.65
OUTPATIENTS	20,753	48,792		2,809,883.14		57.59	.538		135.40		31.01
MEDICAL SUPPLIES	1,169	61,559		403,969.87		6.56	.679		345.57		4.46
@DENTIST	50,089	336,969 \$	5	9,116,002.41	\$	27.05	3.719	\$	182.00	\$	100.60
VISITS - DIAGNOSTIC	37,332	232,681		2,747,951.70		11.81	2.568		73.61		30.32
ORAL SURGERY	7,637	14,793		883,080.45		59.70	.163		115.63		9.75
PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	1.823	14,793 2,573 451		54,221.25		21.07	.028		29.74		.60
ANESTHESTA	434	451		43,675.00		96.84	.005		100.63		.48
PERIODONTICS	1 790	1,872		211,767.75		113.12	.021		118.31		2.34
ENDODONTICS	4,281	7,437		883,930.19		118.86	.082		206.48		9.75
DECAUDALINE DENALCADA	10 020	69,602		3,755,344.12		53.95	.768		189.40		41.44
RESTORATIVE DENTISTRY PROSTHETICS	104	112		2,710.00		24.20	.001		26.06		.03
PENELIDED CHANDIAMED	104	1,702				77.89	.019				
DENTURES, STAYPLATES	441	1,702		132,574.02					300.62		1.46
SPACE MAINTAINERS	452	595		60,999.00		102.52	.007		134.95		.67
MAXILLOFACIAL SERVICES	320	323		33,838.35		104.76	.004		105.74		.37
FRACTURES, DISLOCATIONS	5	6		4,425.53		737.59	.000		885.11		.05
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	3,028	3,643		297,701.06		81.72	.040		98.32		3.29
THE STILL BERVICES	720	1,179		3,783.99		3.21	.013		5.26		.04
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	5 M	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2003 THRU	DEC	2003	P	AGE 2,894
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERV	/ICES FOR CGF 30-33	3	5 40 42 3A-3M 3P 3	3R 31	U 3W 4C-4G					
							N	TOOI	HLY AVERA	GE ·	
90,617 ELIGIBLES	USERS 1.247	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	ZS (COST PER	(COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@OPTOMETRIST	1,247	3,542 \$	5	83,457.05			.039		66.93	Ġ	.92
DIAGNOSTIC AND ANC. PROCED	982	990	r	46,092.32	-	46.56	.011	-	46.94	т.	.51
EYE APPLIANCES	871	2,535		36,795.01		14.51	.028		42.24		.41
OTHER OPTOMETRIC SERVICES	17	17		569.72		33.51	.000		33.51		.01
	762		4	21,363.94	\$	16.57	.014	ė.	28.04	ė.	.24
@CHIROPRACTOR	762 762		,		Ą			Ą		\$	
VISITS		1,289		21,363.94		16.57	.014		28.04		.24
OTHER SERVICES	0	0	4	.00	<u>ب</u>	.00	.000	, بـ	.00	,,	.00
@PODIATRIST	59	86 \$	>	3,527.24	\$	41.01	.001	\$	59.78	\$.04
MEDICINE/INJECTIONS	54	58		2,208.68		38.08	.001		40.90		.02
SURGERY/ANES.	4	4		60.00		15.00	.000		15.00		.00
RADIO./PATHOLOGY	4	6		103.80		17.30	.000		25.95		.00
OTHER	9	18		1,154.76		64.15	.000		128.31		.01

@HOME HEALTH AGENCY	104	323 \$	22,069.97	\$ 68.33	.004 \$	212.21	
		104 \$	2,039.87	\$ 19.61	.001 \$	135.99	\$.02
NURSE MIDWIFE	4	4 \$	1,217.93		.000 \$		\$.01
DEDIATOR MIDGE DEACTITIONED	0	4 \$ 0 \$ 417 \$ 44,007 \$.00	•	.000 \$		
PEDIATRIC NURSE PRACTITIONER	240	417 0				41.64	
FAMILY NURSE PRACILITIONER	249	41/ \$	10,369.56		.005 \$		
@TOTAL HOSPITAL	11,108	44,007 \$	12,251,525.99	\$ 278.40		1102.95	
HOSP INPATIENT TOTAL	1,333		11,104,601.64	1604.02	.076	8330.53	122.54
HSC HOSPITALS	1,269	6,594	10,790,410.43	1636.40	.073	8503.08	119.08
NON-HSC HOSPITAL TOTAL	68	321		973.64	.004	4596.16	3.45
ACCOMMODATIONS	65	321	105 032 08	327.20	.004	1615.88	1.16
ADMINITORDATIVE DAVO	E	E 0	12 /15 /0	231.30	.001	2683.08	.15
ADMINISTRATIVE DAIS	5	50	13,413.40	231.30			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	60	263	91,616.68	348.35	.003	1526.94	1.01
ANCILLARIES	68	0	207,507.13	.00	.000	3051.58	2.29
INPATIENT CROSSOVERS	2	8	1,652.00	206.50	.000	826.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATTENT TOTAL	10 181	321 321 58 0 263 0 8 0 37,084 3,367 1,385	1 146 924 35	30 93	.409	112.65	12.66
MEDICAT	2 100	2 267	1/6 250 20	30.93 43.44	.037	69.38	1.61
MEDICAL	2,100	3,307	140,239.30	43.44			.60
SURGERY	9/3	1,385 10,864			.015	55.93	
PATHOLOGY	2,735		141,647.15	13.04	.120	51.79	1.56
RADIOLOGY	1,949	2,533	177,302.62	70.00	.028	90.97	1.96
ROOM USE	6,721	2,533 8,938	364,888.41	40.82	.099	54.29	4.03
NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ®TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	4,584	9,997	262,409.09	26.25	.110	57.24	2.90
@COUNTY HOSPITAL TOTAL	51	157 s	31,978,43	\$ 203.68	.002 \$		
CO HOSDITAL INDATIFAT TOTAL	. 7	21	26 828 01	1277.52	.000	3832.57	.30
IICO IIOCETTALO	7	21	26,020.01	1277.52	.000	3832.57	.30
NON HEE HOEDITALS	,	21	20,020.01	12//.52			
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ü	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0	8,938 9,997 157 \$ 21 21 0 0 0 0 0 0 0 136 20 4 30 15 33 34	.00	.00	.000	.00	.00
ANCTLLARTES	0	0	.00	.00	.000	.00	.00
TNDATTENT CROSSOVERS	0	Ô	0.0	.00	.000	0.0	.00
ALL OTHER INDATTENT	0	0	.00	.00	.000	.00	.00
ALL OIRER INPAILENT	47	126	.00	.00	.000	100 50	
CO HOSP OUTPATIENT TOTAL	4 /	136	5,150.42	37.87	.002	.00 .00 109.58 59.85	.06
MEDICAL	18	20	1,077.28	53.86	.000	59.85	.01
SURGERY	3	4	391.31	97.83 12.97	.000	130.44	.00
PATHOLOGY	12	30	389.02	12.97	.000	32.42	.00
RADIOLOGY	13	15	615.10	41.01	.000	47.32	.01
ROOM USE	26	33	1,306,43	39.59	.000	50.25	.01
CROSSOVERS/ALL OTH OUTPTNT	19	34	1,371.28	40.33	.000	72.17	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAI GERMIC	ES AND EXPENDITURES	MONTULOE_DAVMENT	TO.33			PAGE 2,895
MOP024	FEE-FOR-SERVICE		MONIII OF FAIRENT	KEFORT FOR UAN	ZOOS TIIKO DE	2005	01/29/04
		VICES FOR CGF 30-33	2E 40 42 27 2M 2D	2D 2H 2H 4G 4G			01/29/04
FRESNO COUNTY	SUMMARI OF SERV	TCES FOR CGF 30-33	35 40 42 3A-3M 3P	3R 3U 3W 4C-4G	MONT	TITE 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	O.D.
00 615 51 55 55	HARRA			1111D1GE GOGE	MON'		
90,617 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,060	43,850 \$	12,219,547.56	\$ 278.67	.484 \$	1104.84	\$ 134.85
COMM HOSP INPATIENT TOTAL	1,326	6,902	11,077,773.63	1605.01	.076	8354.28	122.25
HSC HOSPITALS	1,262	6,573	10,763,582.42	1637.54	.073	8528.99	118.78
NON-HSC HOSPITALS TOTAL	68	321	312,539.21	973.64	.004	4596.16	3.45
ACCOMMODATIONS	65	321	105,032.08	327.20	.004	1615.88	1.16
ADMINISTRATIVE DAYS	5	58	13,415.40	231.30	.001	2683.08	.15
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	60	263	91,616.68	348.35	.003	1526.94	1.01
ANCILLARIES	68	0	207,507.13	.00	.000	3051.58	2.29
INPATIENT CROSSOVERS	2	8	1,652.00	206.50	.000	826.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,137	36,948	1,141,773.93	30.90	.408	112.63	12.60
MEDICAL	2,090	3,347	145,182.10	43.38	.037	69.47	1.60
MEDICAL	4,090	3,341	140,102.10	43.30	.031	02.4/	1.00

SURGERY	971	1,381	54,026.39	39.12	.015	55.64	.60
PATHOLOGY	2,724	10,834	141,258.13	13.04	.120	51.86	1.56
RADIOLOGY	1,937	2,518	176,687.52	70.17	.028	91.22	1.95
ROOM USE	6,697	8,905	363,581.98	40.83	.098	54.29	4.01
CROSSOVERS/ALL OTH OUTPTNT	4,566	9,963	261,037.81	26.20	.110	57.17	2.88
@STATE HOSPITAL	12	365	\$ 164,166.98	\$ 449.77	.004	\$ 13680.58	\$ 1.81
MENTALLY ILL	12	365	164,166.98	449.77	.004	13680.58	1.81
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	8	286	\$ 119,221.05	\$ 416.86	.003	\$ 14902.63	\$ 1.32
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	225	112,193.24	498.64	.002	22438.65	1.24
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	61	7,027.81	115.21	.001	2342.60	.08
@INTERMEDIATE CARE FACILDD	39	1,387	\$ 248,726.28	\$ 179.33	.015	\$ 6377.60	\$ 2.74

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	39	1,387		248,726.28		179.33	.015		6377.60		2.74
@HEMODIALYSIS TOTAL	4	40	\$	7,483.36	\$	187.08	.000	\$	1870.84	\$.08
HOSPITAL BASED	3	5		5,533.51		1106.70	.000		1844.50		.06
HEMODIALYSIS CENTER	2	35		1,949.85		55.71	.000		974.93		.02
@REHABILITATION FACILITY	385	1,544	\$	44,765.88	\$	28.99	.017	\$	116.28	\$.49
HOSPITAL BASED	289	920		34,436.16		37.43	.010		119.16		.38
INDEPENDENT FACILITY	96	624		10,329.72		16.55	.007		107.60		.11
@LABORATORY FACILITY	1,885	7,526	\$	101,075.39	\$	13.43	.083	\$	53.62	\$	1.12
PATHOLOGY	1,883	7,523		100,896.89		13.41	.083		53.58		1.11
XO AND OTHERS	3	3		178.50		59.50	.000		59.50		.00
@ORGANIZED OUTPATIENT CLINIC	35,685	50,724	\$	4,060,968.50	\$	80.06	.560	\$	113.80	\$	44.81
CLINIC	522	2,070		44,663.08		21.58	.023		85.56		.49
SURGICENTER	42	235		9,521.90		40.52	.003		226.71		.11
HEROIN DETOX CLINIC	54	657		7,627.50		11.61	.007		141.25		.08
RURAL HEALTH CLINIC	35,087	47,762		3,999,156.02		83.73	.527		113.98		44.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDIT	URES	MONTH-OF-PAYMENT I	REPOR'	r for Jan	2003 THRU	DEC	2003	P	AGE 2,896
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR CGF 3	0-33	35 40 42 3A-3M 3P	3R 31	J 3W 4C-40	3				

						MC	NTHLY AVERA	GE
90,617 ELIGIBLES	USERS U	NITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	58,451	344,810	\$	2,235,913.20	\$ 6.48	3.805	\$ 38.25	\$ 24.67
DURABLE MED. EQUIP.	141	728		72,923.30	100.17	.008	517.19	.80
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	29		477.57	16.47	.000	79.60	.01
MEDICAL TRANSPORTATION	1,059	15,606		164,891.21	10.57	.172	155.70	1.82
AMBULANCES/AIR TRANS	1,056	15,436		155,946.58	10.10	.170	147.68	1.72
OTHER TRANS	5	154		404.69	2.63	.002	80.94	.00
OTHER SERVICES	8	16		8,539.94	533.75	.000	1067.49	.09
ACUPUNCTURE	31	79		1,475.96	18.68	.001	47.61	.02
ADULT DAY HEALTH CARE CTR	6	41		2,885.46	70.38	.000	480.91	.03
GENETIC DISEASE TESTING	743	743		76,942.00	103.56	.008	103.56	.85
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	8,785	18,526		171,402.11	9.25	.204	19.51	1.89
PHYSICAL THERAPIST	2	8		315.32	39.42	.000	157.66	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	93	197		24,603.42	124.89	.002	264.55	.27
PROSTHETICS	61	160		20,921.60	130.76	.002	342.98	.23
ORTHOTICS	37	37		3,681.82	99.51	.000	99.51	.04
PSYCHOLOGIST	205	817		43,679.35	53.46	.009	213.07	.48
SPEECH AND AUDIOLOGY	31	67		11,293.83	168.56	.001	364.32	.12
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	47,842	166,626		1,644,707.36	9.87	1.839	34.38	18.15
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	98	141,343		20,316.31	.14	1.560	207.31	.22
@CALIF. CHILDREN SERVICES*	4,954	52,541	\$		\$ 202.27	.580		•
@XOVER EXCLUDING STATE HOSP**	10	64	\$	1,984.14	\$ 31.00	.001	\$ 198.41	\$.02
@* TOTALS IN THESE LINES ARE GI	VEN AS A SEPARAT	E INFORMATION	TTEM	ONLY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

FRESNO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

MONIBULL ALTERACE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,897 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

486,554 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	(COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	497,686 124,042	20,072,426 \$		238,050,091.08	\$	11.86	41.254	\$	478.31	\$	489.26
@PHYSICIANS SERVICES	124,042	20,072,426 \$ 601,796 \$		13,950,563.57	\$	23.18	1.237	\$	112.47	\$	28.67
OUTPATIENT VISITS	68,622	105,295		3,603,229.81		34.22	.216		52.51		7.41
OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT	50,478	70,124		2,097,603.69		34.22 29.91	.144		41.55		4.31
HOME VISITS	376	493		20.479.32		41.54	.001		54.47		
EMERGENCY ROOM	12.663	15.969		950.273.86		41.54 59.51	.033		54.47 75.04		1.95
DREVENTIVE CARE	117	119		5 035 06		42 31	.000		43 03		.01
OR VISITS/COMPRE DERI	1 351	6 247		167 779 43		42.31 26.86	.013		43.03 124.19		.34
OF VISITO/ COMING TENT	9 548	12 343		362 058 45		20.33	.025		37.92		.74
INPATIENT VISITS	9,548 6,666	20 052		1 005 600 14		29.33 62.58	.059		270.87		3.71
	5,181	20,003		1,005,000.14		47 20	.045		100.07		2.13
HOSPITAL VISITS	5,181	601,796 \$ 105,295 70,124 493 15,969 119 6,247 12,343 28,853 21,901 4,144 2,808 2,727 2,727 2,722 5 14,764 3,512		660 042 FF		23.18 34.22 29.91 41.54 59.51 42.31 26.86 29.33 62.58 47.30 161.64 35.54 43.46 43.47 41.86 104.30 343.69 212.71	.009		199.95 1127.68		1.38
CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES	1 202	4,144		009,043.55		101.04	.009		77 10		1.30
SNF/ICF/TRANS IP CARE	1,293	2,808		99,797.63		35.54	.006		77.18		.21
	2,302	2,727		118,525.09		43.46	.006		51.49		. 24
EXAMINATIONS	2,298 5	2,722		118,315.79		43.47	.006		51.49		. 24
SERVICES AND MATERIALS	5	5		209.30		41.86	.000		41.86		.00
INPATIENT HOSPITAL SURGERY	2,862	14,764		1,539,874.78		104.30	.030		538.04		3.16
PRINCIPAL SURGEON	2,144	3,512		1,207,034.75		343.69	.007		562.98		2.48
ASSISTANT SURGEON	277	3,512 288 10,964		61,260.66 271,579.37		212.71 24.77	.001		221.16		.13
ANESTHESIOLOGIST	942	10,964		271,579.37		24.77	.023		288.30		.56
OUTPATIENT SURGERY	6,099	12,697		1,209,309.99		95.24 153.09	.026		198.28		2.49
PRINCIPAL SURGEON	277 942 6,099 5,445	7,001		1,071,805.05		153.09	.014		198.28 196.84		2.20
ASSISTANT SURGEON	33	33		4,001.24		121.25	.000		121.25		.01
ANESTHESIOLOGIST	950	10,904 12,697 7,001 33 5,663		133,503.70		23.57	.012		140.53		.27
DIALYSIS	586	2,259 32,200		173,284.57		76.71	.005		295.71		.36
PATHOLOGY	13,874	32,200		392,521.59		12.19	.066		28.29		.81
RADIOLOGY	17,861	32,200 35,104		1,231,235.21		35.07	.072		68.93		2.53
PSYCHIATRY		40		1,090.48		35.07 27.26	.000		35.18		.00
IMMUNIZATION AND INJECTION	4,880 50,971 282,849 276,551 6,141 271,120 42,685	40 41,855 326,002 7,607,442		133,503.70 173,284.57 392,521.59 1,231,235.21 1,090.48 903,330.12 2,972,561.79 95,360,386.47 87,025,489.54 3,088,293.74 83,937,195.80 8,334,896.93 14,772,119.28		21.58	.086		185.11		1.86
OTHER SERVICES/ALL X-OVERS	50,971	326,002		2,972,561.79		9.12	.670		58.32		6.11
@PHARMACY	282,849	7,607,442 \$ 1,191,176 37,218 1,153,958		95,360,386.47	\$	12.54	15.635	\$	337.14	\$	195.99
PRESCRIPTION DRUGS	276.551	1.191.176		87.025.489.54	•	73.06	2.448		314.68	•	178.86
SNF/ICF	6.141	37.218		3.088.293.74		82.98	.076		502.90		6.35
OUTPATIENTS	271.120	37,218 1,153,958 6,416,266 477,217 317,235		83.937.195.80		72.74	2.372		309.59		172.51
MEDICAL SUPPLIES	42 685	6 416 266		8 334 896 93		1 30	13.187				
@DENTIST	78,404	477 217 ¢		14 772 119 28	\$	30.95	.981	Ġ	188.41		30.36
VISITS - DIAGNOSTIC	55,685	317,235		3 679 468 98	٧	11.60	.652	Y	66.08	Y	7.56
ORAL SURGERY	12 157	27,879 2,949 622 5,761		1,608,452.82		57.69	.057		132.31		3.31
DRUGS	2 005	2 949		60,380.75		20.47	.006		30.12		.12
ANESTHESIA	602	622		59,625.00		20.47	.001		99.04		.12
PERIODONTICS	12,157 2,005 602 5,411	5 761		683,319.00		95.86 118.61	.012		126.28		
FINDODONITICS	5,699	0,701		1,300,167.19		127 05	.012		228.14		2.67
ENDODONTICS RESTORATIVE DENTISTRY	27,667	9,487 92,995		5,506,559.08		137.05 59.21 25.64 109.04	.191		199.03		11.32
	338	369		9,462.30		39.ZI	.001		27.99		.02
PROSTHETICS	4,540					45.04 100 04					
	4,540	13,015		1,419,141.75		109.04	.027		312.59		
SPACE MAINTAINERS	474	630		64,196.00		101.90	.001		135.43		.13
MAXILLOFACIAL SERVICES	388	403		40,897.81		101.48					.08
FRACTURES, DISLOCATIONS	8	13		8,773.55		674.89	.000		1096.69		.02
ORTHODONTIC SERVICES	3,303	4,000		327,236.06		81.81	.008		99.07		.67
ALL OTHER SERVICES	1,173	1,859		4,438.99			.004		3.78		.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MO	ONTH-OF-PAYMENT R	EPOR'	r for Jan	2003 THRU D	EC	2003	P	PAGE 2,898
MOP024	FEE-FOR-SERVICE										01/29/04
FRESNO COUNTY	SUMMARY OF SERV	JICES FOR CASH GRAN	Т -	- TOTAL							
							MO	NT	HLY AVERA	.GE	
486,554 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	(COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	9,516	26,432 \$		569,548.78	\$	21.55	.054	\$	59.85	\$	1.17
DIAGNOSTIC AND ANC. PROCED	4,367	4,420		199,463.76		45.13	.009		45.68		.41

EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER #TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	6,888	19,813	330,	956.17	16.70	.041	48.05		.68
OTHER OPTOMETRIC SERVICES	1,450	2,199	39,	128.85	17.79	.005			.08
@CHIROPRACTOR	2,021	3,612 \$	59,	209.20	\$ 16.39	.007			
VISITS	1,924	3,441	57,	132.04	16.60	.007	29.69		.12
OTHER SERVICES	103	171	2,	077.16	12.15	.000	20.17		.00
@PODIATRIST	5,860	8,247 \$	161,	871.54	\$ 19.63	.017			
MEDICINE/INJECTIONS	2,473	2,742	70,	513.85	25.72	.006	28.51		.14
SURGERY/ANES.	71	82	6,	152.32	75.03	.000	86.65		.01
RADIO./PATHOLOGY	141	1/4	3,	040.64	17.47	.000	21.56		.01
OTHER	3,4//	5,249	82,	164./3	15.65	.011	23.63	4	.17
WHOME HEALTH AGENCY	1,223	6/,91/ \$	2,199,	/38.6/	\$ 32.39	.140	\$ 1798.64		4.52
NURSE ANESIHESISI	142	//8 Ş	8,	55/.∠U	\$ 11.00	.002			.02
NOKSE MIDALE DDYGALATONED	12	4 ፡ ፡ › 17 ፡ ፡	Ι,	417.93 521 17	\$ 304.40 c 21.25	.000		ې بې	.00
FAMILY NURSE PRACILITIONER	1 525	۲/ ۶ ع 846 خ	66	048 32	\$ 31.25 \$ 17.17	.008	\$ 43.31		.14
@TOTAL HOSPITAL	61 565	3,040 \$	53 620	198 19	\$ 167.17	660	¢ 070 05	ė.	110 20
HOSP INPATIENT TOTAL	7 186	42 735	45 106	686 51	1055 50	.088	6277 02	Y	92 71
HSC HOSPITALS	5 251	31 356	40 747	236 37	1299 50	.064	7759 90		83 75
NON-HSC HOSPITAL TOTAL	550	2.773	3.054.	324.43	1101.45	.006	5553.32		6.28
ACCOMMODATIONS	546	2.773	964.	537.58	347.83	.006	1766.55		1.98
ADMINISTRATIVE DAYS	152	1,030	229,	429.25	222.75	.002	1509.40		.47
TRANSITIONAL IP CARE	0	0	. ,	.00	.00	.000	.00		.00
ALL OTHER ACCOM	397	1,743	735,	108.33	421.75	.004	1851.66		1.51
ANCILLARIES	550	0	2,089,	786.85	.00	.000	6277.02 7759.90 5553.32 1766.55 1509.40 .00 1851.66 3799.61		4.30
INPATIENT CROSSOVERS	1,530	8,606	1,305,	125.71	151.65	.018	853.02		2.68
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	57,573	278,262	8,513,	511.68	30.60	.572	147.87		17.50 1.86 .45
MEDICAL	10,053	19,179	904,	155.40	47.14	.039	89.94		1.86
SURGERY	3,589	_5,433	216,	874.89	39.92	.011	60.43		.45
PATHOLOGY	15,930	73,597	908,	651.63	12.35	.151	147.87 89.94 60.43 57.04		1.87
RADIOLOGY	10,603	16,683	1,408,	663.58	84.44	.034	132.86		2.90
ROOM USE	26,690	41,923	1,730,	542.99	41.28	.086	04.04		3.56
CROSSOVERS/ALL OTH OUTPINT	33,6/3	121,44/	3,344,	623.19	27.54	.250	99.33	4	6.87
@COUNTY HOSPITAL TOTAL	Z/8	1,145 \$	2/5,	994.67	\$ 241.04	.002	\$ 992.79 5797.86	Ş	.57
CO HOSPITAL INPALLENT TOTAL	41 //1	203	437, 226	714.49	1159.57	.000	5797.00		. 49 . 49
NON-RGG ROGDILATS LOLYI	1	204	230, 1	397.11 215 1Ω	1215 10	.000	5765.78 1315.18 231.30 231.30		.00
ACCOMMODATIONS	1	1	Ι,	212.10	231 30	.000	231 30		.00
ADMINITERATIONS	1	1		231.30	231.30	.000	231.30		.00
TRANSITIONAL IP CARE	0	Û		00	00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	ĺ	0	1.	083.88	.00	.000	.00 .00 1083.88		.00
INPATIENT CROSSOVERS	0	0	,	.00	.00	.000	0.0		\cap
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	248	940	38,	282.38	40.73	.002	154.36		.08
MEDICAL	78	101	4,	231.20	41.89	.000	54.25		.01
SURGERY	16	26		789.34	30.36	.000	49.33		.00
PATHOLOGY	72	301	4,	029.76	13.39	.001	.00 154.36 54.25 49.33 55.97 98.92		.01
RADIOLOGY	62	97	6,	132.92	63.23	.000			.01
ROOM USE	135	169	6,	425.40	38.02	.000	47.60		.01
CROSSOVERS/ALL OTH OUTPTNT	129	246	16,	673.76	67.78	.001	129.25		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PA	YMENT RE	PORT FOR JAN	2003 THRU D	EC 2003	P	AGE 2,899
MOP024	FEE-FOR-SERVICE								01/29/04
FRESNO COUNTY	SUMMARY OF SERV	VICES FOR CASH GRAN	I. – IOTAL			MC	NTITUTE	aп	
486,554 ELIGIBLES	USERS	UNITS OF SERVICE	EXPEND	TTTTDEC	AVERAGE COST		NTHLY AVERA COST PER		COST PER
TOO, JUT ELLEGIED	CAIGU	OR DAYS OF CARE	EAPEND	TIONED	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	61,340	319,852 \$	53,344,	203 52	\$ 166.78	.657			109.64
COMM HOSP INPATIENT TOTAL	7,147	42,530	44,868,		1055.00	.087	6278.02	~	92.22
HSC HOSPITALS	5,211	31,152	40,510,		1300.42	.064	7774.10		83.26
	3,222	,	_0,0_0,						

NON-HSC HOSPITALS TOTAL	549 545 151 0 397 549 1,530	2,772		3,053,009.25		1101.37	.006	5561.0) 4	6.27
ACCOMMODATIONS	545	2,772		964,306.28		347.87	.006	1769.3	37	1.98
ADMINISTRATIVE DAYS	151	1,029		229,197.95		222.74	.002	1517.8	37	.47
TRANSITIONAL IP CARE	0	. 0		.00		.00	.000		0 (.00
ALL OTHER ACCOM	397	1,743		735,108.33		421.75	.004	1851.6		1.51
ANCILLARIES	549	_, 0		2,088,702.97		.00	.000	3804.5		4.29
TNDATTENT CDOCCOVEDC	1 520	8,606		1,305,125.71		151.65	.018	853.0		2.68
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	1,550	0,000		.00		.00	.000	055.0		.00
ALL OIRER INPALLENT		-				30.56	.570			
COMM HOSP OUTPATIENT TOTAL	57,370	277,322		8,475,229.30				147.7		17.42
MEDICAL	9,9/8	19,078		899,924.20		47.17	.039	90.1		1.85
SURGERY	3,574	5,407		216,085.55		39.96	.011	60.4		.44
PATHOLOGY	15,868	73,296		904,621.87		12.34	.151	57.0		1.86
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	10,547	16,586		1,402,530.66		84.56	.034	132.9		2.88
ROOM USE	26,581	41,754		1,724,117.59		41.29	.086	64.8	36	3.54
CROSSOVERS/ALL OTH OUTPINT	33,559	121,201		3,327,949.43		27.46	.249	99.1	.7	6.84
@STATE HOSPITAL	36	1,113	\$	499,655.70	\$			\$ 13879.3		1.03
MENTALLY ILL	22	690	·	320,231.76	•	464.10	.001	14555.9		.66
DEVELOP DISABLED	14	423		179,423.94		424.17	.001	12816.0		.37
@NUIPSING FACILITY	3 679	98,966	\$	15,291,982.80	\$	154.52		\$ 4156.5		
T DI A T NTT DMT DT ATT	3,075	0	Y	.00	Y	.00	.000		00	.00
TEA B DEITE WD	0	1 = 4		18,509.37		120.19	.000	2313.6		.04
LEV B-KERAB MU	0	154 3,131								
LEV B-SUBACUTE FREESTANDING	9/	3,131		1,130,693.72		361.13	.006	11656.6		2.32
LEV B-SUBACUTE HSPTL BASED	124	4,363		2,134,808.36		489.30	.009	17216.2		4.39
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH	0	0		.00		.00	.000		00	.00
LEV B-REGULAR	3,453	91,318		12,007,971.35		131.50	.188	3477.5		24.68
@INTERMEDIATE CARE FACILDD	1,705	53,475	\$	9,132,286.05	\$	170.78	.110	\$ 5356.1		
ICF DDH	730	22,667		3,379,452.72		149.09	.047	4629.3	39	6.95
ICF DD	0	0		.00		.00	.000	. (0 (.00
ICF DDN/DDCN	975	30,808		5,752,833.33		186.73	.063	5900.3	34	11.82
@HEMODIALYSIS TOTAL	3,315	42,389	\$	2,945,636.64	\$	69.49	.087	\$ 888.5	8 \$	6.05
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	37	156		138,491.63		887.77	.000	3743.0		.28
HEMODIALYSIS CENTER	3.283	42,233		2,807,145.01		66.47	.087	855.0		5.77
@REHABILITATION FACILITY	2.453	15,548	\$	311,207.20	\$	20.02	.032			
HOSPITAL BASED	1 178	4,648	٧	140,144.25	٧	30.15	.010	118.9		.29
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	1 286	10,900		171 062 05		15.69	.022	133.0		.35
@LABORATORY FACILITY	12 57/	81,378	\$	888,109.61	\$	10.91	.167		13 \$	1.83
BARRIOKI FACILITI	13,574	81,196	Ą	000,109.01	Ą	10.91	.167	65.6		1.82
PAIHULUGY	13,490			886,443.57						
ORGANIZED OUTPATIENT CLINIC	81	182		1,666.04		9.15	.000	20.5		.00
@ORGANIZED OUTPATIENT CLINIC	70,728	110,110	\$	7,559,029.30	\$.226			
CLINIC	1,635	5,874		116,555.09		19.84	.012	71.2		.24
SURGICENTER	899	3,353		185,106.79		55.21	.007	205.9		.38
HEROIN DETOX CLINIC	230	2,826		32,182.48		11.39	.006	139.9		.07
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	68,117	98,057		7,225,184.94		73.68	.202	106.0		14.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU 1	DEC 2003		PAGE 2,900
	FEE-FOR-SERVICE,	/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT	- TOTAL						
							M	ONTHLY AVE	ERAGE	
486,554 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S COST PE	ER.	COST PER
·		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	120,444	10,551,108	\$	20,651,191.14	\$	1.96		\$ 171.4	16 S	42.44
DURABLE MED. EQUIP.	3,760	13,102	Ψ.	3,024,641.43	т	230.85	.027	804.4		6.22
BLOOD BANK	0	0		.00		.00	.000	.(.00
HEARING AID DISPENSERS	517	651		269,109.92		413.38	.001	520.5		.55
	12,532					4.88		205.3		5.29
MEDICAL TRANSPORTATION		527,289		2,573,347.68			1.084			
AMBULANCES/AIR TRANS	8,496	89,656		1,238,093.33		13.81	.184	145.7		2.54
OTHER TRANS	2,685	417,502		1,220,577.72		2.92	.858	454.5		2.51
OTHER SERVICES	1,785	20,131		114,676.63		5.70	.041	64.2		. 24
ACUPUNCTURE	467	980		18,006.26		18.37	.002	38.5		.04
ADULT DAY HEALTH CARE CTR	5,288	77,327		5,365,972.85		69.39	.159	1014.7		11.03
GENETIC DISEASE TESTING	843	843		87,113.00		103.34	.002	103.3	34	.18

IHMC, MODEL-NF, NF, AIDS, MSSP	2,335	51,487	1,837,985.01	35.70	.106	787.15	3.78
OCCUPATIONAL THERAPIST OPTICIAN	20,644	45,831	.00 558,368.35	.00 12.18	.000 .094	.00 27.05	.00 1.15
PHYSICAL THERAPIST	20,044	45,031	1,169.65	25.43	.000	146.21	.00
PORTABLE X-RAY	181	560	9,502.12	16.97	.001	52.50	.02
PROSTHETIST/ORTHOTISTS	1,779	5,219	422,492.78	80.95	.011	237.49	.87
PROSTHETICS	1,690	5,097	411,021.24	80.64	.010	243.21	.84
ORTHOTICS	100	122	11,471.54	94.03	.000	114.72	.02
PSYCHOLOGIST	269	1,028	49,755.16	48.40	.002	184.96	.10
SPEECH AND AUDIOLOGY	2,605	9,022	457,355.07	50.69	.019	175.57	.94
HOSPICE SERVICES	98	1,869	244,279.51	130.70	.004	2492.65	.50
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	56,561	333,782	2,613,735.17	7.83	.686	46.21	5.37
EPSDT SUPPLEMENTAL SERVICE	101	34,480	844,873.25	24.50	.071	8365.08	1.74
RESPIRATORY CARE PRACT.	34	34	1,002.32	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS 19,950 9,447,592 2,273,483.93 .24 19.417 113.96 4.67 @CALIF. CHILDREN SERVICES* 15,114 1,148,255 \$ 28,121,206.60 \$ 24.49 2.360 \$ 1860.61 \$ 57.80 @XOVER EXCLUDING STATE HOSP** 64,876 927,147 \$ 9,003,880.78 \$ 9.71 1.906 \$ 138.79 \$ 18.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,901
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SIMMARY OF SERVICES FOR 185% PROGRAM - INFANTS ALD CODES 47 69

FRESNO COUNTY	SUMMARY OF SERV	VICES FOR 185% PROGRAM	- INFANTS	AID CODES 47			
					MONT	THLY AVERAG	E
7,779 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,601	19,913 \$	3,738,978.47	\$ 187.77	2.560 \$	667.56	\$ 480.65
@PHYSICIANS SERVICES	1,756	6,314 \$	392,400.51	\$ 62.15	.812 \$	223.46	
OUTPATIENT VISITS	1,314	1,781	66,051.49	37.09	.229	50.27	8.49
OFFICE VISITS	838	1,085	34,089.49	31.42	.139	40.68	4.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	349	398	22,214.12	55.81	.051	63.65	2.86
PREVENTIVE CARE	23	25	966.26	38.65	.003	42.01	.12
OB VISITS/COMPRE PERI	3	14	323.09	23.08	.002	107.70	.04
OTHER OUTPATIENT	195	259	8,458.53	32.66	.033	43.38	1.09
INPATIENT VISITS	253	1,904	207,672.54	109.07	. 245	820.84	26.70
HOSPITAL VISITS	211	934	50,140.09	53.68	.120	237.63	6.45
CRITICAL CARE	62	970	157,532.45	162.40	.125	2540.85	20.25
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	22	34	1,482.95	43.62	.004	67.41	.19
EXAMINATIONS	22	34	1,482.95	43.62	.004	67.41	.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	79	516	64,989.74	125.95	.066	822.65	8.35
PRINCIPAL SURGEON	54	93	48,722.83	523.90	.012	902.27	6.26
ASSISTANT SURGEON	5	5	1,986.71	397.34	.001	397.34	.26
ANESTHESIOLOGIST	41	418	14,280.20	34.16	.054	348.30	1.84
OUTPATIENT SURGERY	83	154	11,880.30	77.14	.020	143.14	1.53
PRINCIPAL SURGEON	69	86	9,496.05	110.42	.011	137.62	1.22
	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	19	68	2,384.25	35.06	.009	125.49	.31
ANESTHESIOLOGIST	4	18	1,814.58				
DIALYSIS	39			100.81	.002	453.65	. 23
PATHOLOGY		550	2,517.18	4.58	.071	64.54	.32
RADIOLOGY	274	555	10,067.12	18.14	.071	36.74	1.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	15	790.17	52.68	.002	56.44	.10
OTHER SERVICES/ALL X-OVERS	382	787	25,134.44	31.94	.101	65.80	3.23
@PHARMACY	1,529	3,932 \$	124,181.89	\$ 31.58	.505 \$	81.22	
PRESCRIPTION DRUGS	1,486	3,192	109,470.15	34.30	.410	73.67	14.07
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,486	3,192	109,470.15	34.30	.410	73.67	14.07
MEDICAL SUPPLIES	128	740	14,711.74	19.88	.095	114.94	1.89
@DENTIST	14	40 \$	1,704.11	\$ 42.60	.005 \$	121.72	
VISITS - DIAGNOSTIC	12	25	548.00	21.92	.003	45.67	.07
ORAL SURGERY	2	2	90.00	45.00	.000	45.00	.01
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	2	142.00	71.00	.000	142.00	.02
RESTORATIVE DENTISTRY	2	10	770.00	77.00	.001	385.00	.10
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	154.11	154.11	.000	154.11	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
•							

 ORTHODONTIC SERVICES
 0
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 ALL OTHER SERVICES
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01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,902

MOP024 FEE-FOR-SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

COUNTY MONTHLY AVERAGE ------### Company of Care | Company of Care | Care UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNIT/DAY PER ELIG USER ELIGIBLE 5 \$ 101.71 \$ 20.34 .001 \$ 50.86 \$.01 7,779 ELIGIBLES USERS @OPTOMETRIST 2
DIAGNOSTIC AND ANC. PROCED 1 .01 . 01 .00 .00 .00 .00 .01 .01 . 00 .00 .00 .39 .00 . 00 .00 .06 364.64 353.23 352.36 .87 .35 .00 .00 .35 .00 .00 .00 11.41 .97 1.12 1.63 4.58 1.14 . 04 .00 .00 . 00 .00 .00 .00 .00 .00 .00 .00 .04 .00 .00 .01 . 00 .01

CROSSOVERS/ALL OTH OUTPINT 3 63.68 15.92 .001 21.23 PAGE 2,903

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,903				
MOP024 FRESNO COUNTY	FEE-FOR-SERVIC		TNEANTC	AID CODES 47	60		01/29/04				
FRESNO COUNTY	SUMMARY OF SER	VICES FOR 185% PROGRAM	- INFANIS	AID CODES 47	MON	יע כובונע אינובו	7F				
7.779 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER				
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS	OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY		USER	ELIGIBLE				
@COMMUNITY HOSPITAL TOTAL	992	4,425 \$	2,836,276.86	\$ 640.97		2859.15					
COMM DOCD INDATTENT TOTAL	100	1,553	2,747,793.84	1769.35	.200	14615.92	353.23				
UCC UCCDITALC	105	1,533	2,741,033.88	1772.98	.199	14816.40	352.36				
NON HEG HOCDITALS TOTAL	102	1,546 7		965.71	.001	2253.32	.87				
NON-HSC HOSPITALS TOTAL	3	7	0,759.90	385.94		900.53	.35				
ACCOMMODATIONS	3	7	2,701.59		.001						
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00				
TRANSTITIONAL IP CARE	0	7	.00 2,701.59	.00	.000	.00 900.53	.35				
ALL OTHER ACCOM	3	7 7 0 0 7 0 0 2,872	4,058.37	385.94 .00	.001 .000	1352.79	.52				
ANCILLARIES	3	0	4,058.37								
INPAILENT CROSSOVERS	0 0 843 204	0	.00	.00	.000	.00	.00				
ALL OTHER INPATIENT	0.43	0	.00	.00	.000	.00	.00				
COMM HOSP OUTPATTENT TOTAL	843	2,8/2	88,483.02	30.81	.369	104.96	11.37				
MEDICAL	204	310	13,3/3.09	49.59	.040	75.36	1.98				
SURGERY	115	168	7,528.71	44.81	.022	65.47	.97				
PATHOLOGY	224	834	8,608.62	10.32	.107	38.43	1.11				
RADIOLOGY	189	224	12,643.78	56.45	.029	66.90	1.63				
ROOM USE	676	904	35,551.74	39.33	.116	52.59	4.57				
CROSSOVERS/ALL OTH OUTPTNT		432	8,776.28	20.32	.056	32.38	1.13				
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		•				
MENTALLY ILL	0	0	.00	.00	.000	.00	.00				
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00				
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		•				
LEV A-INTERMEDIATE	U	0	.00	.00	.000	.00	.00				
LEV B-REHAB MD	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	.00	.00	.000	.00	.00				
LEV B-SUBACUTE FREESTANDING	9	0	.00	.00	.000	.00	.00				
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00				
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00				
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00				
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$						
ICF DDH	0	0	.00	.00	.000	.00	.00				
ICF DD	0	0	.00	.00	.000	.00	.00				
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00				
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$						
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00				
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00				
@REHABILITATION FACILITY	15	34 \$	1,187.79	\$ 34.94	.004 \$						
HOSPITAL BASED	13	26	1,075.59	41.37	.003	82.74	.14				
INDEFENDENT PACIFITI	4	8	112.20	14.03	.001	56.10	.01				
@LABORATORY FACILITY	59	121 \$	1,594.30	\$ 13.18	.016 \$	27.02					
PATHOLOGY	59	121	1,594.30	13.18	.016	27.02	. 20				
XO AND OTHERS	0	0	.00	.00	.000	.00	.00				
@ORGANIZED OUTPATIENT CLINIC	2,637	3,910 \$	362,164.86	\$ 92.63	.503 \$						
CLINIC	6	6	182.62	30.44	.001	30.44	.02				
SURGICENTER	0	0	.00	.00	.000	.00	.00				
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00				
RURAL HEALTH CLINIC	2,631	3,904	361,982.24	92.72	.502	137.58	46.53				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,904				
MOP024	FEE-FOR-SERVIC						01/29/04				
FRESNO COUNTY	SUMMARY OF SER	VICES FOR 185% PROGRAM	- INFANTS	AID CODES 47							
					MON		GE				
7,779 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER				
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE				
@ALL OTHER PROVIDERS	65	1,053 \$	15,515.16	\$ 14.73	.135 \$	238.69	\$ 1.99				

DURABLE MED. EQUIP.	4	5		744.67	148.93	.001	186.17		10
BLOOD BANK	0	0		.00	.00	.000	.00		00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		00
MEDICAL TRANSPORTATION	47	1,003		12,435.72	12.40	.129	264.59	1.	60
AMBULANCES/AIR TRANS	47	1,002		10,635.72	10.61	.129	226.29	1.	37
OTHER TRANS	0	0		.00	.00	.000	.00		00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00		23
ACUPUNCTURE	0	0		.00	.00	.000	.00		00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		00
GENETIC DISEASE TESTING	5	5		233.00	46.60	.001	46.60		03
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		00
OPTICIAN	2	4		33.28	8.32	.001	16.64		00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		00
PROSTHETIST/ORTHOTISTS	4	14		1,032.35	73.74	.002	258.09		13
PROSTHETICS	4	14		1,032.35	73.74	.002	258.09		13
ORTHOTICS	0	0		.00	.00	.000	.00		00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		00
SPEECH AND AUDIOLOGY	1	2		803.10	401.55	.000	803.10		10
HOSPICE SERVICES	0	0		.00	.00	.000	.00		00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		00
LOCAL EDUCATION AGENCIES	3	20		233.04	11.65	.003	77.68		03
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00		00
@CALIF. CHILDREN SERVICES*	455	7,410	\$	2,526,785.92	\$ 341.00	.953	\$ 5553.38	\$ 324.	82
@XOVER EXCLUDING STATE HOSP**	1	4	\$	295.71	\$ 73.93	.001	\$ 295.71	\$.	04
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION	ITEM O	NLY;					

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,905
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49	

					MO	GE	
23,099 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	18,386	129,068 \$	11,155,273.04	\$ 86.43	5.588	\$ 606.73	\$ 482.93
@PHYSICIANS SERVICES	11,444	57,836 \$	2,717,863.14	\$ 46.99	2.504	\$ 237.49	\$ 117.66
OUTPATIENT VISITS	7,084	35,535	751,971.21	21.16	1.538	106.15	32.55
OFFICE VISITS	953	1,122	42,717.89	38.07	.049	44.82	1.85
HOME VISITS	1	1	53.68	53.68	.000	53.68	.00
EMERGENCY ROOM	623	671	40,006.78	59.62	.029	64.22	1.73
PREVENTIVE CARE	6	6	284.74	47.46	.000	47.46	.01
OB VISITS/COMPRE PERI	5,912	33,592	665,607.85	19.81	1.454	112.59	28.82
OTHER OUTPATIENT	130	143	3,300.27	23.08	.006	25.39	.14
INPATIENT VISITS	1,653	3,786	211,848.05	55.96	.164	128.16	9.17
HOSPITAL VISITS	1,602	3,220	140,901.41	43.76	.139	87.95	6.10
CRITICAL CARE	62	566	70,946.64	125.35	.025	1144.30	3.07
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	6	215.71	35.95	.000	43.14	.01
EXAMINATIONS	5	6	215.71	35.95	.000	43.14	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2,184	5,548	1,231,680.31	222.00	.240	563.96	53.32
PRINCIPAL SURGEON	1,572	1,620	1,059,640.12	654.10	.070	674.07	45.87
ASSISTANT SURGEON	352	352	63,715.06	181.01	.015	181.01	2.76
ANESTHESIOLOGIST	639	3,576	108,325.13	30.29	.155	169.52	4.69
OUTPATIENT SURGERY	811	1,792	110,529.70	61.68	.078	136.29	4.79
PRINCIPAL SURGEON	730	1,064	96,630.37	90.82	.046	132.37	4.18

ASSISTANT SURGEON	2	2	306.50	153.25	.000	153.25	.01
ANESTHESIOLOGIST	262	726	13,592.83	18.72	.031	51.88	.59
DIALYSIS	4	21	1,515.36	72.16	.001	378.84	.07
PATHOLOGY	2,637	5,498	130,676.88	23.77	.238	49.56	5.66
RADIOLOGY	3,053	3,726	202,010.51	54.22	.161	66.17	8.75
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	379	531	16,874.85	31.78	.023	44.52	.73
OTHER SERVICES/ALL X-OVERS	883	1,393	60,540.56	43.46	.060	68.56	2.62
@PHARMACY	5,892	16,068	\$ 329,569.79	\$ 20.51	.696	\$ 55.94	\$ 14.27
PRESCRIPTION DRUGS	5,645	11,584	277,065.13	23.92	.501	49.08	11.99
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	5,645	11,584	277,065.13	23.92	.501	49.08	11.99
MEDICAL SUPPLIES	544	4,484	52,504.66	11.71	.194	96.52	2.27
@DENTIST	77	302	\$ 4,463.00	\$ 14.78	.013	\$ 57.96	\$.19
VISITS - DIAGNOSTIC	61	215	1,509.00	7.02	.009	24.74	.07
ORAL SURGERY	24	39	1,312.00	33.64	.002	54.67	.06

DENTURETICS	DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	0 0 7 5 11	0 0 7 6 35	.00 .00 758.00 242.00 642.00	.00 .00 108.29 40.33 18.34	.000 .000 .000 .000	.00 .00 108.29 48.40 58.36	.00 .00 .03 .01
SPACE MAINTAINERS 0 0 0 0 0 0 00 00 00 00 00 00 00 00 00	PROSTHETICS	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	DENTURES, STAYPLATES	0	0					
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## ALL OTHER SERVICES ## CALLE FORD TO FRAITH SERV MODIO ALL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT FROM FROM FOR JAN 2003 TRKID EC 2003 PAGE 2,905 FREE FOR JAN 2003 TRKID EC 2003 PAGE 2,905 FREE FOR JAN 2003 TRKID EC 2003 PAGE 2,905 FREE FREE FOR JAN 2003 TRKID EC 2003 PAGE 2,905 FREE FREE FOR JAN 2003 TRKID EC 2003 PAGE 2,905 FREE FREE FOR JAN 2003 TRKID EC 2003 PAGE 2,905 FREE FREE FOR JAN 2003 TRKID EC 2003 TRKID EC 2003 TRKID EC 2003 PAGE 2,905 FREE FREE FREE FREE FREE FREE FREE FRE		0	0					
#ACALIF DET OF HEALTH SERV MODIC44 FRESNO COUNTY #MEDI-OAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DRC 2003 **PAGE F-FOR-SERVICES FOR 185% PROGRAM - PREGNANT** 23.099 ELIGIBLES **UNITS OF SERVICE** **CONTOMER IS NOT THE PROCRAM** **DIAGNOSTIC AND ANC. PROCED** **DIAGNOSTIC AND ANC. PROCED** **DIAGNOSTIC AND ANC. PROCED** **DIAGNOSTIC AND ANC. PROCED** **ON THER OPTIMERITE SERVICES** **ON THE OPTIMERITE SERVICES** **ON THE OPTIMERITE SERVICES** **ON THE SERVICES		0	0					
MOPO24 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 185\$ PROGRAM - PREGNANT ALD CODES 44 48 49 - MONTHLY AVERAGE COST PER COST PE			~					
PRESNO COUNTY				IH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	
23,099 ELIGIBLES USES UNITS OF SERVICE OR DAYS OF CARE OF			,					01/29/04
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## HEALTH AGENCY	RADIO./PATHOLOGY	0	~					
NURSE ANESTHESIST 134 680 \$ 16,844.04 \$ 24.77 .029 \$ 125.70 \$.73 NURSE MIDWIFE 12 68 \$ 5,859.97 \$ 86.18 .003 \$ 488.33 \$.25 PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 .000 \$.00 \$.00 FOTCH HOSPITAL 6,415 27,876 \$ 6,680,198.42 \$ 239.64 1.207 \$ 1041.34 \$ 289.20 HOSP INPATIENT TOTAL 1,878 5,451 6,173,113.83 1132,47 .236 3287.07 267.25 HSC HOSPITALS 1,511 4,281 4,911,910.49 1147.37 .185 3250.77 212.65 NON-HSC HOSPITAL TOTAL 376 1,170 1,261,203.34 1077.95 .051 3354.26 54.60 ACCOMMODATIONS 368 1,170 413,216.76 353.18 .051 1122.87 17.89 ADMINISTRATIVE DAYS 5 40 9,280.98 232.02 .002 1856.20 .40 TRANSITIONAL IP CARE 0 0 0 .00 .00 .000 .000 .000 ALL OTHER ACCOM 363 1,130 403,935.78 357.47 .049 1112.77 17.49 ANCILLARIES 376 0 847,986.58 .00 .000 .2255.28 36.71 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 0 .00 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 0 .00 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 0 .00 .000 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 0 .00 .000 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 0 .00 .000 .000 .000 .000 .000	OTHER	1		67.03		.000		
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PEDIATRIC NURSE PRACTITIONER 0	NURSE ANESTHESIST			16,844.04	\$ 24.77	.029 \$	125.70	\$.73
FAMILY NURSE PRACTITIONER 6	NURSE MIDWIFE	12	68 \$	5,859.97	\$ 86.18	.003 \$	488.33	\$.25
FAMILY NURSE PRACTITIONER 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$	PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
## CTOTAL HOSPITAL	FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL 1,878 5,451 6,173,113.83 1132.47 .236 3287.07 267.25 HSC HOSPITALS 1,511 4,281 4,911,910.49 1147.37 .185 3250.77 212.65 NON-HSC HOSPITAL TOTAL 376 1,170 1,261,203.34 1077.95 .051 3354.26 54.60 ACCOMMODATIONS 368 1,170 413,216.76 353.18 .051 1122.87 17.89 ADMINISTRATIVE DAYS 5 40 9,280.98 232.02 .002 1856.20 .40 TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 363 1,130 403,935.78 357.47 .049 1112.77 17.49 ANCILLARIES 376 0 847,986.58 .00 .00 .255.28 36.71 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 5,548 22,425 507,084.59 22.61 .971 91.40 21.95 MEDICAL 461 612 30.051.84 49.10 .026 65.19 1.30 SURGERY 437 756 20.571.34 27.21 .033 47.07 .89 PATHOLOGY 817 900 62,509.58 69.46 .039 76.51 2.71 ROOM USE 2,712 7,934 101,148.08 12.75 .343 37.30 4.38 RADIOLOGY 817 900 62,509.58 69.46 .039 76.51 2.71 ROOM USE 2,597 4,435 174,375.18 39.32 .192 67.14 7.55 CROSSOVERS/ALL OTH OUTPINT 2,769 7,788 118,428.57 15.21 .337 42.77 5.13 @COUNTY HOSPITAL TOTAL 3 19 \$ 754.11 \$ 39.69 .001 \$ 251.37 \$.03 CO HOSPITALIS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@TOTAL HOSPITAL	6,415	27,876 \$	6,680,198.42	\$ 239.64	1.207 \$	1041.34	\$ 289.20
HSC HOSPITALS 1,511 4,281 4,911,910.49 1147,37 .185 3250.77 212.65 NON-HSC HOSPITAL TOTAL 376 1,170 1,261,203.34 1077.95 .051 3354.26 54.60 ACCOMMODATIONS 368 1,170 413,216.76 353.18 .051 1122.87 17.89 ADMINISTRATIVE DAYS 5 40 9,280.98 232.02 .002 1856.20 .40 TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	HOSP INPATIENT TOTAL		5,451		1132.47			
NON-HSC HOSPITAL TOTAL 376								
ACCOMMODATIONS 368 1,170 413,216.76 353.18 .051 1122.87 17.89 ADMINISTRATIVE DAYS 5 40 9,280.98 232.02 .002 1856.20 .40 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		376						
ADMINISTRATIVE DAYS AND TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O		368						
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINITATION AND THE DAMA							
INPATIENT CROSSOVERS	TRANSTITIONAL TO CARE	0		•				
INPATIENT CROSSOVERS 0	ALL OTHER ACCOM	262						
INPATIENT CROSSOVERS	ANCIII ADIEC	276						
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCIDIARIES	370	~					
HOSP OUTPATIENT TOTAL		-	-					
MEDICAL SURGERY 461 437 612 756 30,051.84 20,571.34 49.10 27.21 .026 .033 65.19 47.07 1.30 .89 PATHOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RAD		-	-					
SURGERY 437 756 20,571.34 27.21 .033 47.07 .89 PATHOLOGY 2,712 7,934 101,148.08 12.75 .343 37.30 4.38 RADIOLOGY 817 900 62,509.58 69.46 .039 76.51 2.71 ROOM USE 2,597 4,435 174,375.18 39.32 .192 67.14 7.55 CROSSOVERS/ALL OTH OUTPTNT 2,769 7,788 118,428.57 15.21 .337 42.77 5.13 @COUNTY HOSPITAL TOTAL 3 19 \$ 754.11 \$ 39.69 .001 \$ 251.37 \$.03 CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
PATHOLOGY 2,712 7,934 101,148.08 12.75 .343 37.30 4.38 RADIOLOGY 817 900 62,509.58 69.46 .039 76.51 2.71 ROOM USE 2,597 4,435 174,375.18 39.32 .192 67.14 7.55 CROSSOVERS/ALL OTH OUTPTNT 2,769 7,788 118,428.57 15.21 .337 42.77 5.13 ©COUNTY HOSPITAL TOTAL 3 19 \$ 754.11 \$ 39.69 .001 \$ 251.37 \$.03 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00								
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CROSSOVERS/ALL OTH OUTPTNT 2,769 7,788 118,428.57 15.21 .337 42.77 5.13 @COUNTY HOSPITAL TOTAL 3 19 \$ 754.11 \$ 39.69 .001 \$ 251.37 \$.03 CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00								
@COUNTY HOSPITAL TOTAL 3 19 \$ 754.11 \$ 39.69 .001 \$ 251.37 \$.03 CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ROOM USE	2,597				.192		
@COUNTY HOSPITAL TOTAL 3 19 \$ 754.11 \$ 39.69 .001 \$ 251.37 \$.03 CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CROSSOVERS/ALL OTH OUTPTNT	2,769		118,428.57		.337	42.77	
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	@COUNTY HOSPITAL TOTAL	3		754.11	\$ 39.69	.001 \$	251.37	\$.03
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00		0		.00	•	· ·		·
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00<								
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00		0						
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00		Ô						
		•						
		•						
	THE COURT OF CAME	J	0	.00	.00	.000	.00	.00

	_	_							
ALL OTHER ACCOM ANCILLARIES	0	0 0 0 19 0 2 6 0 5 6		.00	.00	.000 .000	.00		.00
INPATIENT CROSSOVERS	U O	0		.00 .00 .00 .00 754.11	.00	.000	.00		.00
	0	0		.00	.00				
ALL OTHER INPATIENT	0	10		.00	.00	.000			.00
CO HOSP OUTPATIENT TOTAL	3	19		/54.11	39.69	.001	251.37		
MEDICAL	0	U				.000			.00
SURGERY	1	2		57.32	28.66	.000	57.32		.00
PATHOLOGY	1	6		128.49		.000	128.49		.01
RADIOLOGY	0	0		.00		.000	.00		.00
ROOM USE	3	5		292.98		.000	97.66		.01
CROSSOVERS/ALL OTH OUTPTNT	1	6		275.32	45.89	.000	275.32		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITORE	IS MON	JTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	EC 2003	Ρ	
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/29/
MOP024 FRESNO COUNTY	SUMMARY OF SERV	VICES FOR 185% PRO)GRAM	- PREGNANT A	AID CODES 44 48	49			
23,099 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL						MOI	NTHLY AVERA		
23,099 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,412	27,857	\$	6,679,444.31	\$ 239.78	1.206		\$	289.17
COMM HOSP INPATIENT TOTAL	1,878	5,451		6,173,113.83	1132.47	.236	3287.07		267.25
HSC HOSPITALS	1,511	4,281		4,911,910.49	1147.37	.185	3250.77		212.65
NON-HSC HOSPITALS TOTAL	376	1,170		1,261,203.34	1077.95	.051	3354.26		212.65 54.60
ACCOMMODATIONS	368	1,170		413,216.76	353.18	.051	1122.87		17.89
ADMINISTRATIVE DAYS	5	40		9,280.98	1147.37 1077.95 353.18 232.02	.236 .185 .051 .051 .002	1856.20		.40
TRANSITIONAL IP CARE	0	0		.00	.00 357.47	.000	.00		.00
ALL OTHER ACCOM	363	1.130		403.935.78	357.47	. 049	1112.77		17.49
ANCTLLARIES	376	1,133		847 986 58	.00	.000	2255.28		36.71
TNPATIENT CROSSOVERS	3,0	0		00	.00		.00		.00
ALL OTHER INDATIENT	0	0		0.0	.00				.00
COMM HOSD OUTDATTENT TOTAL	5 545	22 406		506 330 48	22.60	.000 .970 026	91.31		21.92
MEDICAL.	461	612		30 051 84	49.10	.026	65.19		1.30
CIDCEDA	426	754		20 514 02	27.21	.033	47.05		.89
DARRIOLOGY	2 711	7 020		20,514.02	27.21 10.74		37.26		
PATHOLOGY	2,/11	7,928		101,019.59	12.74	.343			4.37
RADIOLOGY	81/	900		62,509.58	69.46	.039	76.51		2.71
ROOM USE	2,594	4,430		1/4,082.20	39.30	.192	67.11		7.54
CROSSOVERS/ALL OTH OUTPINT	2,768	7,782		118,153.25	15.18	.337	42.69	_	5.12
@STATE HOSPITAL	0	0	Ş	.00	\$.00	.000			.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.000	.00		.00
@NURSING FACILITY	0	0	\$.00		.000	\$.00		.00
LEV A-INTERMEDIATE	0	0		.00		.000			.00
LEV B-REHAB MD	0	0		.00		.000	.00		.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-IRANSIIIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.000		\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	*	.00		.000	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	2	7	\$	211.11		.000		Ś	.01
HOSPITAL BASED	2	, 7	•	211.11	30.16	.000	105.56	٠,	.01
INDEPENDENT FACILITY	0	Ó		.00	.00	.000	.00		.00
@LABORATORY FACILITY	3,004	9,285	\$	120,904.38	\$ 13.02	.402		\$	5.23
	2,982	9,265	ų	119,238.38	12.88	.401	39.99	Ą	5.23
PATHOLOGY						.001			
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	28 3,607	28 10,515	۲.	1,666.00 1,026,568.52	59.50		59.50	4	.07 44.44
	3 h II /	10.515	\$	1.020.508.52	\$ 97.63	.455	\$ 284.60	Ş	44.44
CLINIC CLINIC	392	2,074	•	47,653.83	22.98	.090	121.57		2.06

.00 .00 0 0 .000 SURGICENTER .00 .00 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .365 301.85 8,441 978,914.69 RURAL HEALTH CLINIC 3,243 115.97 42.38 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,908 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 FRESNO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

							M	ONTHLY AVERA	AGE	
23,099 ELIGIBLES	USERS UN	IITS OF SERVIC	CE	E:	XPENDITURES	AVERAGE COS'	r UNITS/DAY	S COST PER		COST PER
	C	R DAYS OF CAF	RE			PER UNIT/DA	Y PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,919	6,256	\$		241,077.56	\$ 38.54	.271	\$ 125.63	\$	10.44
DURABLE MED. EQUIP.	152	156			9,717.46	62.29	.007	63.93		.42
BLOOD BANK	0	0			.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	284	3,747			49,008.53	13.08	.162	172.57		2.12
AMBULANCES/AIR TRANS	284	3,743			42,858.53	11.45	.162	150.91		1.86
OTHER TRANS	0	0			.00	.00	.000	.00		.00
OTHER SERVICES	4	4			6,150.00	1537.50	.000	1537.50		.27
ACUPUNCTURE	0	0			.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	1,011	1,015			104,260.00	102.72	.044	103.13		4.51
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00		.00
OPTICIAN	0	0			.00	.00	.000	.00		.00
PHYSICAL THERAPIST	45	158			7,774.76	49.21	.007	172.77		.34
PORTABLE X-RAY	0	0			.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	587	1,180			70,316.81	59.59	.051	119.79		3.04
PROSTHETICS	184	674			24,778.39	36.76	.029	134.67		1.07
ORTHOTICS	497	506			45,538.42	90.00	.022	91.63		1.97
PSYCHOLOGIST	0	0			.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0			.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0			.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0			.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	98	1,408	\$		748,741.58	\$ 531.78	.061	\$ 7640.22	\$	32.41
@XOVER EXCLUDING STATE HOSP**	7	12	\$		216.29	\$ 18.02	.001	\$ 30.90	\$.01
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPARATE	INFORMATION	ITEM	ONLY;						

^{②* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;}

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,909
MOP024 FEE-FOR-SERVICE/DENTAL
FRESNO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	MONTHLY AVERAGE							
801 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	212	839	\$	34,249.85	\$ 40.82	1.047	\$ 161.56	\$ 42.76
@PHYSICIANS SERVICES	106	349	\$	12,619.30	\$ 36.16	.436	\$ 119.05	\$ 15.75
OUTPATIENT VISITS	68	174		3,992.46	22.95	.217	58.71	4.98
OFFICE VISITS	17	21		514.02	24.48	.026	30.24	.64
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10		497.03	49.70	.012	55.23	.62
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	38	136		2,837.83	20.87	.170	74.68	3.54
OTHER OUTPATIENT	7	7		143.58	20.51	.009	20.51	.18
INPATIENT VISITS	2	3		137.36	45.79	.004	68.68	.17
HOSPITAL VISITS	2	3		137.36	45.79	.004	68.68	.17
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	6		1,726.85		287.81	.007		575.62		2.16
PRINCIPAL SURGEON	2	2		1,632.84		816.42	.002		816.42		2.04
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	4		94.01		23.50	.005		94.01		.12
OUTPATIENT SURGERY	23	41		3,806.00		92.83	.051		165.48		4.75
PRINCIPAL SURGEON	19	23		3,351.69		145.73	.029		176.40		4.18
	0	0		'		.00	.000		.00		.00
ASSISTANT SURGEON				.00							
ANESTHESIOLOGIST	12	18		454.31		25.24	.022		37.86		.57
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	37	85		1,442.18		16.97	.106		38.98		1.80
RADIOLOGY	14	14		756.66		54.05	.017		54.05		.94
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	11	17		362.29		21.31	.021		32.94		.45
OTHER SERVICES/ALL X-OVERS	3	9		395.50		43.94	.011		131.83		.49
@PHARMACY	73	135	\$	4,831.58	\$	35.79	.169	\$	66.19	\$	6.03
PRESCRIPTION DRUGS	69	128		4,608.41		36.00	.160		66.79		5.75
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	69	128		4,608.41		36.00	.160		66.79		5.75
MEDICAL SUPPLIES	7	7		223.17		31.88	.009		31.88		.28
@DENTIST	1		\$.00	\$.00	.001	Ġ	.00	\$.00
VISITS - DIAGNOSTIC	0	0	т	.00	т.	.00	.000	-	.00	т	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		.00		.00	.001		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0									
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	U		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	U	U		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	_	.00
		ES AND EXPENDITURE	S MO	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU	DEC	2003	Р	AGE 2,910
	FEE-FOR-SERVICE										01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY P	OST :	PARTUM PROGRAM		AID CODE					
									HLY AVERA		
801 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1	1	\$	21.31	\$	21.31	.001	\$	21.31	\$.03
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	1	1		21.31		21.31	.001		21.31		.03
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000	•	.00	•	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		\$.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0	•	\$.00	Š	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	Š,	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$.00	Ġ.	.00	.000		.00	\$.00
FEDIAINIC NONSE PRACILITONER	U	U	Y	.00	ų	.00	.000	Ą	.00	Ą	.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	56	259	\$ 13,157.69	\$ 50.80	.323	\$ 234.96	\$ 16.43
HOSP INPATIENT TOTAL	3	6	6,150.01	1025.00	.007	2050.00	7.68
HSC HOSPITALS	3	6	6,150.01	1025.00	.007	2050.00	7.68
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	53	253	7,007.68	27.70	.316	132.22	8.75
MEDICAL	6	7	278.23	39.75	.009	46.37	.35
SURGERY	7	7	520.73	74.39	.009	74.39	.65
PATHOLOGY	29	75	1,008.02	13.44	.094	34.76	1.26

RADIOLOGY	4	5		202.50		40.50	.006		50.63		.25
ROOM USE	36	71		3,496.26		49.24	.089		97.12		4.36
CROSSOVERS/ALL OTH OUTPTNT	28	88		1,501.94		17.07	.110		53.64		1.88
@COUNTY HOSPITAL TOTAL	0	0	\$		\$.00	.000	بي	.00	Ś	.00
	-		Ş	.00	Þ			Þ		Ş	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0									
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	U	Ü		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
ROOM USE	0	0									.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ES MO	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	P <i>I</i>	AGE 2,911
MOP024	FEE-FOR-SERVICE										01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY	POST	PARTUM PROGRAM		AID CODE	76				
							M	ONT	HLY AVERA	GE -	
801 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	56	259	\$	13,157.69	\$	50.80	.323	\$	234.96	\$	16.43
COMM HOSP INPATIENT TOTAL	3	6	•	6,150.01	•	1025.00	.007	•	2050.00	•	7.68
HSC HOSPITALS	3	6		6,150.01		1025.00	.007		2050.00		7.68
NON-HSC HOSPITALS TOTAL	0	0		.00	-	.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0									
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	53	253		7,007.68		27.70	.316		132.22		8.75
MEDICAL	6	7		278.23		39.75	.009		46.37		.35
SURGERY	7	7		520.73		74.39	.009		74.39		.65
	29	75									
PATHOLOGY				1,008.02		13.44	.094		34.76		1.26
RADIOLOGY	4	_5		202.50		40.50	.006		50.63		. 25
ROOM USE	36	71		3,496.26		49.24	.089		97.12		4.36
CROSSOVERS/ALL OTH OUTPINT	28	88		1,501.94		17.07	.110		53.64		1.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
	0	0	Y		٧			Y		Y	
LEV A-INTERMEDIATE	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	-	.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
	-	-			•						,

HOSPITAL BASED	0	0			00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$			\$.00	.000		.00	\$.00
HOSPITAL BASED	0	0			00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			00		.00	.000		.00		.00
@LABORATORY FACILITY	20	39	\$	561.	89	\$ 1	4.41	.049	\$	28.09	\$.70
PATHOLOGY	20	39		561.	89		4.41	.049		28.09		.70
XO AND OTHERS	0	0			00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	18	39	\$	2,683.		\$ 6	8.81	.049	\$	149.09	\$	3.35
CLINIC	7	21	·	644.			30.69	.026		92.06	•	.80
SURGICENTER	0	0			00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	18		2,039.		11	3.29	.022		185.38		2.55
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES I								PAG	E 2,912
MOP024	FEE-FOR-SERVICE		ICED I			01(1 1 (710 07111	2005 111110	DLC	2005		01/29/04
FRESNO COUNTY		ICES FOR 60-DAY	POS	T PARTIM PROGRA	М	Δ-	D CODE	: 76				01/25/01
TREBNO COUNTY	Bolling of Bellev	TODO TOR OU DIT	100	1 111111011 111001111		2.1.	D CODE		тиом	THLY AVERA	GE	
801 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITUR	ES Z	ΔΥΕΡΔΟ	E COST	UNITS/DA	-	COST PER	-	ST PER
OUT HEIGIBEED	OBLIE	OR DAYS OF CAR		LAI LINDII OR				PER ELI		USER		JIGIBLE
@ALL OTHER PROVIDERS	7	16	\$	374.			23.41	.020		53.50		.47
DURABLE MED. EQUIP.	2	2	Y	133.			6.55	.002		66.55	٧	.17
BLOOD BANK	0	0			00	,	.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	Q		21.			2.66	.010		21.30		.03
AMBULANCES/AIR TRANS	1	0		21.			2.66	.010		21.30		.03
	1	0			00		.00	.010		.00		.03
OTHER TRANS	0	0			00					.00		
OTHER SERVICES	0	0			00		.00	.000		.00		.00
ACUPUNCTURE	0	0					.00					.00
ADULT DAY HEALTH CARE CTR	0	0			00		.00	.000		.00		.00
GENETIC DISEASE TESTING	U	0			00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	U	U			00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			00	_	.00	.000		.00		.00
OPTICIAN	2	4		42.		-	.0.68	.005		21.36		.05
PHYSICAL THERAPIST	0	0			00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	2	2		177.		8	88.69	.002		88.69		.22
PROSTHETICS	0	0			00		.00	.000		.00		.00
ORTHOTICS	2	2		177.		8	88.69	.002		88.69		.22
PSYCHOLOGIST	0	0			00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		•	00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0			00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$		00 \$	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$			\$.00	.000		.00	\$.00
	~					•					•	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,913 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

							MO	NIHLY AVERA	1GE	
31,679 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER 1	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	24,199	149,820	\$	14,928,501.36	\$	99.64	4.729	\$ 616.91	\$	471.24
MDHVSTCTAMS SERVICES	13 306	64 499	Ġ	3 122 882 95	¢	48 42	2 036	¢ 234 7በ	¢	98 58

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	8,466	37,490		822,015.16	21.	93	1.183		97.10		25.95
OFFICE VISITS	1,808	2,228		77,321.40	34.	70	.070		42.77		2.44
HOME VISITS	1	1		53.68	53.		.000		53.68		.00
EMERGENCY ROOM	981	1,079		62,717.93	58.		.034		63.93		1.98
	29	31			40.						.04
PREVENTIVE CARE				1,251.00			.001		43.14		
OB VISITS/COMPRE PERI	5,953	33,742		668,768.77	19.		1.065		112.34		21.11
OTHER OUTPATIENT	332	409		11,902.38	29.	10	.013		35.85		.38
INPATIENT VISITS	1,908	5,693		419,657.95	73.	71	.180		219.95		13.25
HOSPITAL VISITS	1,815	4,157		191,178.86	45.	99	.131		105.33		6.03
CRITICAL CARE	124	1,536		228,479.09	148.		.048		1842.57		7.21
SNF/ICF/TRANS IP CARE	0	0		.00		00	.000		.00		.00
	27	40									
OPHTHALMOLOGICAL SERVICES				1,698.66	42.		.001		62.91		. 05
EXAMINATIONS	27	40		1,698.66	42.		.001		62.91		.05
SERVICES AND MATERIALS	0	0		.00		0.0	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2,266	6,070		1,298,396.90	213.		.192		572.99		40.99
PRINCIPAL SURGEON	1,628	1,715		1,109,995.79	647.	23	.054		681.82		35.04
ASSISTANT SURGEON	357	357		65,701.77	184.	04	.011		184.04		2.07
ANESTHESIOLOGIST	681	3,998		122,699.34	30.		.126		180.18		3.87
OUTPATIENT SURGERY	917	1,987		126,216.00	63.		.063		137.64		3.98
	818	1,173		109,478.11	93.		.037		133.84		3.46
PRINCIPAL SURGEON		•									
ASSISTANT SURGEON	2	2		306.50	153.		.000		153.25		.01
ANESTHESIOLOGIST	293	812		16,431.39	20.		.026		56.08		.52
DIALYSIS	8	39		3,329.94	85.	. 38	.001		416.24		.11
PATHOLOGY	2,713	6,133		134,636.24	21.	95	.194		49.63		4.25
RADIOLOGY	3,341	4,295		212,834.29	49.	.55	.136		63.70		6.72
PSYCHIATRY	0	, 0		.00		00	.000		.00		.00
IMMUNIZATION AND INJECTION		563		18,027.31	32.		.018		44.62		.57
OTHER SERVICES/ALL X-OVERS	1,268	2,189		86,070.50	39.		.069		67.88		2.72
	7,494	•		458,583.26	\$ 22.			4	61.19	4	14.48
@PHARMACY							.636	Ą		Ą	
PRESCRIPTION DRUGS	7,200	14,904		391,143.69	26.		.470		54.33		12.35
SNF/ICF	0	0		.00		0.0	.000		.00		.00
OUTPATIENTS	7,200	14,904		391,143.69	26.		.470		54.33		12.35
MEDICAL SUPPLIES	679	5,231		67,439.57	12.		.165		99.32		2.13
@DENTIST	92	343 \$		6,167.11	\$ 17.	98	.011	\$	67.03	\$.19
VISITS - DIAGNOSTIC	73	240		2,057.00	8.	57	.008		28.18		.06
ORAL SURGERY	26	41		1,402.00	34.	20	.001		53.92		.04
DRUGS	0	0		.00		0.0	.000		.00		.00
ANESTHESIA	Ō	0		.00		00	.000		.00		.00
PERIODONTICS	8	8		758.00	94.	75	.000		94.75		.02
ENDODONTICS	6	0		384.00	48.	00	.000		64.00		.01
	13	45					.001				
RESTORATIVE DENTISTRY				1,412.00	31.				108.62		.04
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		154.11	154.	. 11	.000		154.11		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		0.0	.000		.00		.00
ALL OTHER SERVICES	1	0		.00		00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MΩ)EC		PΖ	AGE 2,914
MOP024	FEE-FOR-SERVICE		110	01 1111111111 111	ir oitt i oit	01111	2005 IIIICO I	200	2003		01/29/04
FRESNO COUNTY			60		NEC 11 17	10 1	0 60 76				01/29/04
FRESHO COUNTI	SUMMARY OF SERV	ICES FOR 185% AND	00-	DAI PP TOTAL, COL	MES 44 47	40 4		\\TITIT	TT 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	an.	
21 600 01 10101	Hanna				311003.00	a o a m	MC			-	
31,679 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	S (COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	6 \$		123.02	\$ 20.		.000	\$	41.01	\$.00
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.	45	.000		47.45		.00
EYE APPLIANCES	2	4		64.16	16.	04	.000		32.08		.00
OTHER OPTOMETRIC SERVICES	$\overline{1}$	1		11.41	11.		.000		11.41		.00
@CHIROPRACTOR	0	0 \$.00		00		\$.00	\$.00
VISITS	0	0		.00		00	.000	Τ.	.00	Τ'	.00
. 10110	0	O		.00	•		.000		.00		. 0 0

OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	3	\$	122.67	\$	40.89	.000	\$	61.34	\$.00
MEDICINE/INJECTIONS	1	1	•	55.64	•	55.64	.000		55.64		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0										
OTHER	1	2		67.03		33.52	.000		67.03		.00
@HOME HEALTH AGENCY	101	222	\$	14,711.28	\$	66.27	.007	\$	145.66	\$.46
NURSE ANESTHESIST	134	680	\$	16,844.04	\$	24.77	.021	\$	125.70	\$.53
NURSE MIDWIFE	12	68	\$	5,859.97	\$	86.18	.002	\$	488.33	\$.18
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	11	14	\$	447.81	\$	31.99	.000	\$	40.71	\$.01
@TOTAL HOSPITAL	7,466	32,575	\$	9,529,915.60	Ġ	292.55	1.028	\$	1276.44	\$	300.83
HOSP INPATIENT TOTAL	2,069	7,010	Ą	8,927,057.68	Ą	1273.47	.221	Ą	4314.67	Ą	281.80
	,										
HSC HOSPITALS	1,699	5,833		7,659,094.38		1313.06	.184		4508.00		241.77
NON-HSC HOSPITAL TOTAL	379	1,177		1,267,963.30		1077.28	.037		3345.55		40.03
ACCOMMODATIONS	371	1,177		415,918.35		353.37	.037		1121.07		13.13
ADMINISTRATIVE DAYS	5	40		9,280.98		232.02	.001		1856.20		. 29
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	366	1,137		406,637.37		357.64	.036		1111.03		12.84
ANCILLARIES	379	, 0		852,044.95		.00	.000		2248.14		26.90
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	-	25,565									
HOSP OUTPATIENT TOTAL	6,447	•		602,857.92		23.58	.807		93.51		19.03
MEDICAL	671	929		45,703.96		49.20	.029		68.11		1.44
SURGERY	559	931		28,620.78		30.74	.029		51.20		.90
PATHOLOGY	2,967	8,850		110,858.52		12.53	.279		37.36		3.50
RADIOLOGY	1,011	1,130		75,380.42		66.71	.036		74.56		2.38
ROOM USE	3,312	5,413		213,523.77		39.45	.171		64.47		6.74
CROSSOVERS/ALL OTH OUTPTNT	3,071	8,312		128,770.47		15.49	.262		41.93		4.06
@COUNTY HOSPITAL TOTAL	6	34	\$	1,036.74	\$	30.49	.001	\$	172.79	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0									
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	U	-		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	34		1,036.74		30.49	.001		172.79		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	2		57.32		28.66	.000		57.32		.00
PATHOLOGY	3	13		222.29		17.10	.000		74.10		.01
RADIOLOGY	1	1		24.56		24.56	.000		24.56		.00
ROOM USE	6	8		393.57		49.20	.000		65.60		.01
CROSSOVERS/ALL OTH OUTPTNT	4	10		339.00		33.90	.000		84.75		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT RI	EPOR'	r for Jan		DEC	2003	PA	GE 2,915
MOP024	FEE-FOR-SERVICE		-	-							01/29/04
FRESNO COUNTY			ID 60-	-DAY PP TOTAL, COI	DES .	44 47 48 4	9 69 76				,,
TREBITO COUNTY	Sommet of Shiev	1010 1010 1030 1110		211 11 1011111, 601		11 17 10 1	M	ONT	HIY AVERA	GE -	
31,679 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST					OST PER
SI, OFF HEIGIDEED	OBLIG	OR DAYS OF CARE		HAI HIVE I ORLE		R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,460	32,541	\$	9,528,878.86	\$				1277.33		300.79
COMM HOSP INPATIENT TOTAL	2,069	7,010	Y	8,927,057.68	Ą	1273.47	.221	Ą	4314.67	Y	281.80
HSC HOSPITALS	1,699	5,833		7,659,094.38		1313.06	.184		4508.00		241.77
NON-HSC HOSPITALS TOTAL	379	1,177		1,267,963.30		1077.28	.037		3345.55		40.03
ACCOMMODATIONS	371	1,177		415,918.35		353.37	.037		1121.07		13.13
ADMINISTRATIVE DAYS	5	40		9,280.98		232.02	.001		1856.20		. 29
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	366	1,137	406,637.37	357.64	.036	1111.03	12.84
		1,137	•				
ANCILLARIES	379	0	852,044.95	.00	.000	2248.14	26.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,441	25,531	601,821.18	23.57	.806	93.44	19.00
MEDICAL	671	929	45,703.96	49.20	.029	68.11	1.44
SURGERY	558	929	28,563.46	30.75	.029	51.19	.90
PATHOLOGY	2,964	8,837	110,636.23	12.52	.279	37.33	3.49
RADIOLOGY	1,010	1,129	75,355.86	66.75	.036	74.61	2.38
ROOM USE	3,306	5,405	213,130.20	39.43	.171	64.47	6.73
CROSSOVERS/ALL OTH OUTPINT	3,067	8,302	128,431.47	15.47	.262	41.88	4.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	i Ü	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	Õ	0	٧	.00	٧	.00	.000	Ψ.	.00	٧	.00
	0	0									
ICF DD	U	-		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	17	41	\$		۲.	34.12	.001	ė,	82.29	ė.	.04
@REHABILITATION FACILITY	17		Ą		\$			Ą		Ą	
HOSPITAL BASED	15	33		1,286.70		38.99	.001		85.78		.04
INDEPENDENT FACILITY	2 3,083	8 9,445		112.20		14.03	.000		56.10		.00
@LABORATORY FACILITY	3,083	9,445	\$	123,060.57	\$	13.03	.298	\$	39.92	\$	3.88
PATHOLOGY	3,061	9,417		121,394.57		12.89	.297		39.66		3.83
XO AND OTHERS	28	28		1,666.00		59.50	.001		59.50		.05
@ORGANIZED OUTPATIENT CLINIC		14,464	\$		۲.	96.20	.457	ė.	222.20	ė.	43.92
		14,404	Ą		Ą			Ş		Ş	
CLINIC	405	2,101		48,480.84		23.08	.066		119.71		1.53
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5,885	12.363				108.63	.390		228.20		42.39
#CALIF DEPT OF HEALTH SERV				ONTH-OF-PAYMENT RE				DEC		D.	AGE 2,916
			KED I	IONIII OF FAIMENT RE	SE OICE I	OR OAN	2005 11110	טפכ	2005	F 2	
MOP024	FEE-FOR-SERVICE				44	45 40 4					01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR 185% AI	ND 60)-DAY PP TOTAL, COI	DES 44	47 48 4					
								-	HLY AVERA	.GE ·	
31,679 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVER A	AGE COST	UNITS/DAY	ZS (COST PER	(COST PER
		OR DAYS OF CAR	E		PER U	JNIT/DAY	Y PER ELIC	3	USER	7	ELIGIBLE
@ALL OTHER PROVIDERS	1,991	7,325	\$	256,967.21	Ś	35.08	.231		129.06	Ś	8.11
DURABLE MED. EQUIP.	158	163	٧			65.00	.005	٧	67.06	Ψ	.33
				•							
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	332 332	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	332	4,758		61,465.55		12.92	.150		185.14		1.94
AMBULANCES/AIR TRANS	332	4,753		53,515.55		11.26	.150		161.19		1.69
OTHER TRANS	0	0 5 0 0 1,020		.00		.00	.000		.00		.00
OTHER SERVICES	5	5		7,950.00	1 (590.00	.000		1590.00		. 25
ACUPUNCTURE	5	5		.00		.00	.000		.00		.00
	0	0		.00							
ADULT DAY HEALTH CARE CTR	0	0		.00 104,493.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1,016	1,020		104,493.00	-	102.44	.032		102.85		3.30
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	4	8		76.00		9.50	.000		19.00		.00
PHYSICAL THERAPIST	45	158		7,774.76		49.21	.005		172.77		.25
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	593	1,196		71,526.54		59.80	.038		120.62		2.26
PROSTHETICS	188	688		25,810.74		37.52	.022		137.29		.81
ORTHOTICS	499	508		45,715.80		89.99	.016		91.61		1.44
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	1	2		803.10	,	401.55	.000		803.10		.03
	1	2			•						
HOSPICE SERVICES	Ü	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	3	20		233.04		11.65	.001		77.68		.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	n	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
	0										
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*											
	553	8,818	\$	3,275,527.50	\$ 3	371.46	.278		5923.20		103.40
@XOVER EXCLUDING STATE HOSP**		8,818 16	\$ \$	3,275,527.50 512.00	\$ \$	371.46 32.00	.278		5923.20 64.00		103.40 .02
@XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE	8	16	\$	512.00							

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

FEE-FOR-SERVICE/DENTAL

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,917
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

----- MONTHLY AVERAGE -----7,104 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG 6,107 1,393 USER ELIGIBLE @TOTAL, ALL PROVIDERS 338.935 2,725,672.92 Ś 8.04 47.710 \$ 446.32 S 383.68 @PHYSICIANS SERVICES 5,430 84,990.75 \$ 15.65 .764 \$ 61.01 \$ 11.96 3 33.00 33.00 99.00 .000 OUTPATIENT VISITS . 01 OFFICE VISITS 99.00 33.00 .000 33.00 .01 HOME VISITS .00 .00 .000 .00 .00 .000 EMERGENCY ROOM .00 .00 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .00 OTHER OUTPATIENT .00 .000 .00 .00 . 00 .00 . 00 . 000 . 00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 18.29 OPHTHALMOLOGICAL SERVICES 21 384.03 .003 17.46 .05 .003 2.1 384.03 18.29 17.46 EXAMINATIONS . 05 0 0 0 0 0 0 0 5,388 151,130 Ω Ω SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 ASSISTANT SURGEON .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST OUTPATIENT SURGERY 22.90 2.29 .001 22.90 .00 22.90 PRINCIPAL SURGEON 2.29 .001 22.90 .00 ASSISTANT SURGEON .00 .00 .000 . 00 . 00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY 30.25 4.32 .001 6.05 . 00 .000 RADIOLOGY 21.60 21.60 21.60 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 Ω .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 1.375 84.432.97 15.67 .758 61.41 11.89 @PHARMACY 5,561 1,719,392.82 11.38 21.274 \$ 309.19 \$ 242.03 5,459 25,131 297.31 PRESCRIPTION DRUGS 1,623,039.92 64.58 3.538 228.47 .104 SNF/ICF 108 742 32,376.52 43.63 299.78 4.56 5,352 24,389 65.22 297.21 OUTPATIENTS 1,590,663.40 3.433 223.91 MEDICAL SUPPLIES 1,051 125,999 96,352.90 .76 17.736 91.68 13.56 384 @DENTIST 1,461 66,067.75 45.22 .206 \$ 172.05 \$ 9.30 217 10.18 .127 42.16 VISITS - DIAGNOSTIC 899 9,149.75 1.29 48 ORAL SURGERY 141 7,882.00 55.90 .020 164.21 1.11 0 .00 .00 DRUGS 0 .00 . 000 . 00 ANESTHESIA 1 1 100.00 100.00 .000 100.00 .01 2.7 30 121.77 135.30 3,653.00 .004 .51 PERIODONTICS 15 84 7 102 15 19 206.63 .003 261.73 ENDODONTICS 3,926.00 .55 147 95.63 167.35 RESTORATIVE DENTISTRY 14,057.00 .021 1.98 7 7 .001 200.00 28.57 28.57 PROSTHETICS . 03 DENTURES, STAYPLATES 212 27,100.00 127.83 .030 265.69 3.81 0 SPACE MAINTAINERS 0 .00 .00 .000 .00 .00 .00 Ω .000 .00 MAXILLOFACIAL SERVICES .00 .00 .00 .00 . 000 .00 .00 FRACTURES, DISLOCATIONS .00 .00 ORTHODONTIC SERVICES .000 .00 .00 7 5 .00 .00 .00 .00 ALL OTHER SERVICES .001 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,918

01/29/04

FRESNO COUNTY

FRESNO COUNTY	SUMMARY OF SERVICE	S FOR TITLE II DI	SREGARD - AGED	AID CODE			
					MONTH		
7,104 ELIGIBLES		ITS OF SERVICE	EXPENDITURES		UNITS/DAYS C		COST PER
	0	R DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	155	403 \$	7,056.75	\$ 17.51	.057 \$	45.53 \$	
DIAGNOSTIC AND ANC. PROCED	18	18	682.45	37.91	.003	37.91	.10
EYE APPLIANCES	111	320	5,520.88	17.25	.045	49.74	.78
OTHER OPTOMETRIC SERVICES	42	65	853.42	13.13	.009	20.32	.12
@CHIROPRACTOR	8	17 \$	271.33	\$ 15.96	.002 \$	33.92 \$.04
	2	11	175.56	15.96	.002	87.78	.02
OTHER SERVICES	2 6 149 0 0	6	95.77	15.96	.001	15.96	.01
@PODIATRIST	149	239 \$	2,812.40	\$ 11.77	.034 \$	18.88 \$	
MEDICINE/INJECTIONS	110	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIO./PAINOLOGI	140						
OTHER	0 0 149 0	239	2,812.40	11.77	.034	18.88	.40
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$	
NURSE ANESTHESIST	8	27 \$	194.43	\$ 7.20	.004 \$	24.30 \$	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00 \$	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$	
FAMILY NURSE PRACTITIONER	3	5 \$	63.35	\$ 12.67	.001 \$	21.12 \$	
@TOTAL HOSPITAL	663	5 \$ 2,447 \$	114,957.50	\$ 46.98	.344 \$	173.39 \$	16.18
HOSP INPATIENT TOTAL	87	392	62,102.17	158.42	.055	713.82	8.74
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	0.0	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	0.0	.00	.000	.00	.00
ANCILLARIES	0	0	0.0	.00	.000	.00	.00
INPATIENT CROSSOVERS	87	392	.00 .00 .00 62,102.17	158.42	.055	713.82	8.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	615	2,055	52,855.33	25.72	.289	85.94	7.44
	0.12	,	67.24			33.62	.01
MEDICAL	1	2		33.62	.000		
SURGERY	1	<u> </u>	82.95	82.95	.000	82.95	.01
PATHOLOGY	1	5	46.06	9.21	.001	46.06	.01
RADIOLOGY	1	1	26.26	26.26	.000	26.26	.00
ROOM USE	1	2	181.17	90.59	.000	181.17	.03
CROSSOVERS/ALL OTH OUTPTNT		2,044	52,451.65	25.66	. 288	85.43	7.38
@COUNTY HOSPITAL TOTAL	1	2 \$	3.80	\$ 1.90	.000 \$	3.80 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	3.80	1.90	.000	3.80	.00
MEDICAL	O T	0	.00	.00	.000		.00
	0	0				.00	
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	Ü	Ü	.00	.00	.000	.00	.00
RADIOLOGY	Ü	Ü	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	3.80	1.90	.000	3.80	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,919
MOP024	FEE-FOR-SERVICE/DE						01/29/04
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SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

							M	וידומ	HIV VALEDA	GE.	
7,104 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST			COST PER		COST PER
•		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	662	2,445	\$	114,953.70	\$	47.02	.344	\$	173.65	\$	16.18
COMM HOSP INPATIENT TOTAL	87	392		62,102.17		158.42	.055		713.82		8.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	87	392		62,102.17		158.42	.055		713.82		8.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	614	2,053		52,851.53		25.74	.289		86.08		7.44
MEDICAL	2	2		67.24		33.62	.000		33.62		.01
SURGERY	1	1		82.95		82.95	.000		82.95		.01
PATHOLOGY	1	5		46.06		9.21	.001		46.06		.01
RADIOLOGY	1	1		26.26		26.26	.000		26.26		.00
ROOM USE	1	2		181.17		90.59	.000		181.17		.03
CROSSOVERS/ALL OTH OUTPTNT	613	2,042		52,447.85		25.68	.287		85.56		7.38
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	141	2,561	\$	391,751.31	\$	152.97	.361	\$	2778.38	\$	55.15
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	141	2,561		391,751.31		152.97	.361		2778.38		55.15
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	47	60	\$	23,831.36	\$	397.19	.008	\$	507.05	\$	3.35
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	47	60		23,831.36		397.19	.008		507.05		3.35
@REHABILITATION FACILITY	1	2	\$	78.75	\$	39.38	.000	\$	78.75	\$.01
HOSPITAL BASED	1	2		78.75		39.38	.000		78.75		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	401	728	\$	23,543.62	\$	32.34	.102	\$	58.71	\$	3.31
CLINIC	4	9		590.32		65.59	.001		147.58		.08
SURGICENTER	16	18		2,280.25		126.68	.003		142.52		.32
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	383	701		20,673.05		29.49	.099		53.98	_	2.91
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	Р	AGE 2,920
MOP024	FEE-FOR-SERVICE		- 5-			1.15 0055	1.0				01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	т пт	SREGARD - AGED		AID CODE				aп	
7 104 FITGIBLES	HCEDC	UNITS OF SERVICE		EADEMDIATIOEC	7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7	RAGE COST	M				
7,104 ELIGIBLES	USERS			EXPENDITURES							COST PER
MAII OTHER DROVIDERS	1 2/12	OR DAYS OF CARE		290,660.80		UNIT/DAY	24.553		USER 216.59		ELIGIBLE 40.92
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.	1,342 34	174,425 90	\$	18,954.83	\$	1.67 210.61	.013	Ą	557.50	Ą	2.67
BLOOD BANK	0	0		18,954.83		.00	.000		.00		.00
HEARING AID DISPENSERS	37	40		15,010.40		.00 375.26	.006		405.69		2.11
MEDICAL TRANSPORTATION	183	13,421		36,895.61		2.75	1.889		201.62		5.19
PUDDICAL INMISEONIALION	103	13,741		JU, UJJ. UI		4.13	1.009		201.02		J • ± 9

AMBULANCES/AIR TRANS	44	399	6,533.42	16.37	.056	148.49	.92
OTHER TRANS	92	12,488	27,346.49	2.19	1.758	297.24	3.85
OTHER SERVICES	64	534	3,015.70	5.65	.075	47.12	.42
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.01
ADULT DAY HEALTH CARE CTR	95	1,189	82,702.82	69.56	.167	870.56	11.64
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	214	608	58,419.63	96.08	.086	272.99	8.22
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	197	457	6,142.53	13.44	.064	31.18	.86
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	7	15.55	2.22	.001	7.78	.00
PROSTHETIST/ORTHOTISTS	33	66	2,018.21	30.58	.009	61.16	.28
PROSTHETICS	33	66	2,018.21	30.58	.009	61.16	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	53.82	26.91	.000	53.82	.01
SPEECH AND AUDIOLOGY	61	111	8,364.42	75.36	.016	137.12	1.18

HOSPICE SERVICES	2	13		1,416.34	108.95	.002	708.17	.20
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	746	158,419		60,623.39	.38	22.300	81.26	8.53
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,513	17,358	\$	384,605.13	\$ 22.16	2.443	\$ 153.05	\$ 54.14
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	TNFORMATION	TTEM ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 2,921 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 FRESNO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

FRESNO COUNTY	SUMMARY OF SER	VICES FOR TITLE II DIS	REGARD - BLIND	AID CODES 26			
					MON		E
131 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	125	28,915 \$	132,251.31	\$ 4.57	220.725 \$	1058.01	\$ 1009.55
@PHYSICIANS SERVICES	33	141 \$	843.95	\$ 5.99	1.076 \$		\$ 6.44
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	Ô	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	Ô	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	Ô	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	Ô	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	Ô	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	Ô	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	33	141	843.95	5.99	1.076	25.57	6.44
@PHARMACY	111	17,499 \$	70,145.46	\$ 4.01	133.580 \$		
PRESCRIPTION DRUGS	110	662	57,285.28	86.53	5.053	520.78	437.29
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	110	662	57,285.28	86.53	5.053	520.78	437.29
MEDICAL SUPPLIES	59	16,837	12,860.18	.76	128.527	217.97	98.17
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	Ö	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0						
DENTURES, STAYPLATES	U	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 2,922
MOP024	FEE-FOR-SERVICE		MOIVIII OI IIIIMIIVI KI	di Okti i Okt Oliv .	ZOOS TIIKO DE	IC 2005	01/29/04
FRESNO COUNTY		ICES FOR TITLE II D	TCDECADD DI IND	AID CODES 26	67		01/29/04
FRESHO COUNTI	SUMMARY OF SERV	ICES FOR IIILE II D	ISKEGARD - BLIND	AID CODES 26			
121					MON		
131 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1	3 \$	84.66	\$ 28.22	.023 \$	84.66	\$.65
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.008	47.45	.36
EYE APPLIANCES	1	2	37.21	18.61	.015	37.21	.28
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		
	0	0 \$.00	
VISITS	U	_	.00	.00	.000		.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	13 \$	133.48	\$ 10.27	.099 \$		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	13	133.48	10.27	.099	13.35	1.02
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$ 0 \$					•
NURSE MIDWIFE	U	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	14	29 \$	4,368.05	\$ 150.62	.221 \$	312.00	\$ 33.34
HOSP INPATIENT TOTAL	5	19	4,172.00	219.58	.145	834.40	31.85
HSC HOSPITALS	0 14 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DATA	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ü	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	19	4,172.00	219.58	.145	834.40	31.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	10	196.05	19.61	.076	21.78	1.50
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGI DOOM HOE	0	0					
110011 002	· ·		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		10	196.05	19.61	.076	21.78	1.50
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ô	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0			.000		
ALL OTHER ACCOM	0	0	.00	.00		.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ô	Ô	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0					
	•	•	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DEC	. 2003	PAGE 2,923
MOP024	FEE-FOR-SERVICE/DE						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	S FOR TITLE II	DISREGARD - BLIND	AID CODES 26			
					MONT	'HLY AVERA	GE
131 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	29 \$	4,368.05	\$ 150.62	.221 \$	312.00	\$ 33.34
COMM HOSP INPATIENT TOTAL	5	19	4,172.00	219.58	.145	834.40	31.85
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Ô	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
TRANSITIONAL IP CARE	0				.000		.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	19	4,172.00	219.58	.145	834.40	31.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	10	196.05	19.61	.076	21.78	1.50
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	o o	10	196.05	19.61	.076	21.78	1.50
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 Ş		•			•
MENTALLY ILL	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	157 \$	18,004.97	\$ 114.68	1.198 \$	3600.99	\$ 137.44
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	157	18,004.97	114.68	1.198	3600.99	137.44
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	Ô	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	21 \$	11,039.84	\$ 525.71	.160 \$	581.04	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
	19	21	11,039.84	525.71	.160	581.04	84.27
HEMODIALYSIS CENTER	0						
@REHABILITATION FACILITY	•	0 \$.00		.000 \$		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1 \$	60.61	\$ 60.61	.008 \$	60.61	\$.46
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	60.61	60.61	.008	60.61	.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE				PAGE 2,924
"CTTT DELT OF HEREIN DERV			01 1111111111 101	5111 1 511 5111	LUCU PHO	_000	

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

						MC	ONTHLY AVER	AGE	
131 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST	PER
		OR DAYS OF CAR	E		PER UNIT/DAY	Y PER ELIG	USER	ELIG	SIBLE
@ALL OTHER PROVIDERS	49	11,051	\$	27,570.29	\$ 2.49	84.359	\$ 562.66	\$ 21	0.46
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		.00
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	1	1		1,237.71	1237.71	.008	1237.71		9.45
MEDICAL TRANSPORTATION	26	7,315		19,329.90	2.64	55.840	743.46	14	17.56
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00		.00
OTHER TRANS	24	7,271		19,149.81	2.63	55.504	797.91	14	16.18
OTHER SERVICES	2	44		180.09	4.09	.336	90.05		1.37
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	2	3		73.31	24.44	.023	36.66		.56
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	1	3		151.89	50.63	.023	151.89		1.16
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	29	3,729		6,777.48	1.82	28.466	233.71	5	51.74
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	61	11,167	\$	21,005.82	\$ 1.88	85.244	\$ 344.36	\$ 16	0.35
O* MOMATO TAL MURGE TTARE ADD	OTTITAL AC A CEDAT	A DD TATEODAGA DTOAT	T []]]	ONTE SE					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,925 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C
----- MONTHLY AVERAGE ------

USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
3,921	158,706 \$	1,976,399.75	\$ 12.45	33.624 \$	504.06	\$ 418.73
867	3,743 \$	55,388.98	\$ 14.80	.793 \$	63.89	\$ 11.73
72	178	4,352.10	24.45	.038	60.45	.92
51	97	2,768.78	28.54	.021	54.29	.59
0	0	.00	.00	.000	.00	.00
8	9	579.39	64.38	.002	72.42	.12
0	0	.00	.00	.000	.00	.00
5	48	529.05	11.02	.010	105.81	.11
18	24	474.88	19.79	.005	26.38	.10
2	3	199.10	66.37	.001	99.55	.04
2	3	199.10	66.37	.001	99.55	.04
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
8	8	177.15	22.14	.002	22.14	.04
8	8	177.15	22.14	.002	22.14	.04
0	0	.00	.00	.000	.00	.00
	3,921 867 72	OR DAYS OF CARE 3,921	OR DAYS OF CARE 3,921	OR DAYS OF CARE PER UNIT/DAY 3,921 158,706 \$ 1,976,399.75 \$ 12.45 867 3,743 \$ 55,388.98 \$ 14.80 72 178 4,352.10 24.45 51 97 2,768.78 28.54 0 0 .00 .00 8 9 579.39 64.38 0 0 .00 .00 5 48 529.05 11.02 18 24 474.88 19.79 2 3 199.10 66.37 2 3 199.10 66.37 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 8 8 177.15 22.14 8 8 177.15 22.14	OR DAYS OF CARE PER UNIT/DAY PER ELIG 3,921 158,706 \$ 1,976,399.75 \$ 12.45 33.624 \$ 867 3,743 \$ 55,388.98 \$ 14.80 .793 \$ 72 178 4,352.10 24.45 .038 51 97 2,768.78 28.54 .021 0 0 .00 .00 .000 8 9 579.39 64.38 .002 0 0 .00 .00 .000 5 48 529.05 11.02 .010 18 24 474.88 19.79 .005 2 3 199.10 66.37 .001 2 3 199.10 66.37 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0 0 .00 .00 .00	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 3,921 158,706 \$ 1,976,399.75 \$ 12.45 33.624 \$ 504.06 867 3,743 \$ 55,388.98 \$ 14.80 .793 \$ 63.89 72 178 4,352.10 24.45 .038 60.45 51 97 2,768.78 28.54 .021 54.29 0 0 .00 .00 .000 .00 8 9 579.39 64.38 .002 72.42 0 0 .00 .00 .00 .00 .00 5 48 529.05 11.02 .010 105.81 18 24 474.88 19.79 .005 26.38 2 3 199.10 66.37 .001 99.55 2 3 199.10 66.37 .001 99.55 0 0 .00 .00 .00 .00 0 0 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00
OUTPATIENT SURGERY	17	24	4,271.34	177	.97	.005	251.26	.90
PRINCIPAL SURGEON	17	24	4,271.34	177	.97	.005	251.26	.90
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	23	84	568.30	6	.77	.018	24.71	.12
RADIOLOGY	32	77	3,655.72	47	.48	.016	114.24	.77
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	445	5,702.28	12	.81	.094	633.59	1.21
OTHER SERVICES/ALL X-OVERS	787	2,924	36,462.99	12	.47	.619	46.33	7.73
@PHARMACY	3,588	95,528	\$ 1,387,098.93	\$ 14	.52	20.239	\$ 386.59	\$ 293.88
PRESCRIPTION DRUGS	3,516	17,413	1,319,767.39	75	.79	3.689	375.36	279.61

SNF/ICF	44	358	22,34	4.43	62.41	.076	507.83	4.73	
OUTPATIENTS	3,475	17,055	1,297,42	2.96	76.07	3.613	373.36	274.88	
MEDICAL SUPPLIES	659	78,115	67,33	1.54	.86	16.550	102.17	14.27	
@DENTIST	351	1,557	\$ 58,68	1.04 \$	37.69	.330	\$ 167.18	\$ 12.43	
VISITS - DIAGNOSTIC	230	952	9,45	9.79	9.94	.202	41.13	2.00	
ORAL SURGERY	46	129	7,40	9.00	57.43	.027	161.07	1.57	
DRUGS	1	3	4	5.00	15.00	.001	45.00	.01	
ANESTHESIA	1	1	10	0.00	100.00	.000	100.00	.02	
PERIODONTICS	55	60	7,86	0.00	131.00	.013	142.91	1.67	
ENDODONTICS	14	20	4,27	0.00	213.50	.004	305.00	.90	
RESTORATIVE DENTISTRY	96	276	18,05	3.25	65.41	.058	188.05	3.82	
PROSTHETICS	7	7	18	0.00	25.71	.001	25.71	.04	
DENTURES, STAYPLATES	49	108	11,16	9.00	103.42	.023	227.94	2.37	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	1	1	13	5.00	135.00	.000	135.00	.03	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	2	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH-OF-PAYM	ENT REPOR	RT FOR JAN	2003 THRU	DEC 2003	PAGE 2,926	
MOP024	FEE-FOR-SERVICE/DE	NTAL						01/29/04	
FRESNO COUNTY	STIMMARY OF SERVICE	S FOR TITLE II	DISREGARD - DI	SARTED AT	ID CODES 3	6 66 6C			

----- MONTHLY AVERAGE -----

FRESNO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

4,720 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST		_	COST PER		COST PER
CODEOMETER TOE	100	OR DAYS OF CARE	F 100 FF		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	100	276	\$ 5,193.57	\$	18.82	.058	Ş	51.94	Ş	1.10
DIAGNOSTIC AND ANC. PROCED	30	30	1,134.97		37.83	.006		37.83		. 24
EYE APPLIANCES	74	219	3,632.13		16.59	.046		49.08		.77
OTHER OPTOMETRIC SERVICES	18	27	426.47	_	15.80	.006	_	23.69	_	.09
@CHIROPRACTOR	3	7	\$ 47.18	\$	6.74	.001	\$		\$.01
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	3	7	47.18		6.74	.001	4.	15.73	4.	.01
@PODIATRIST	81	129	\$ 1,488.37	\$	11.54	.027	\$	18.37	\$.32
MEDICINE/INJECTIONS	8	9	197.80		21.98	.002		24.73		.04
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	74	120	1,290.57		10.75	.025		17.44		.27
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	\$ 62.37	\$	31.19	.000	\$	62.37	\$.01
@TOTAL HOSPITAL	513	1,946	\$ 82,689.34	\$	42.49	.412	\$	161.19	\$	17.52
HOSP INPATIENT TOTAL	38	245	33,430.02		136.45	.052		879.74		7.08
HSC HOSPITALS	2	4	5,250.00		1312.50	.001		2625.00		1.11
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	36	241	28,180.02		116.93	.051		782.78		5.97
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	500	1,701	49,259.32		28.96	.360		98.52		10.44
MEDICAL	14	17	860.20		50.60	.004		61.44		.18
SURGERY	4	5	95.36		19.07	.001		23.84		.02
PATHOLOGY	22	98	1,555.58		15.87	.021		70.71		.33
RADIOLOGY	19	27	2,387.11		88.41	.006		125.64		.51
ROOM USE	32	54	2,492.28		46.15	.011		77.88		.53
CROSSOVERS/ALL OTH OUTPTNT	462	1,500	41,868.79		27.91	.318		90.63		8.87
@COUNTY HOSPITAL TOTAL	2	6	\$ 22.71	\$	3.79	.001	\$	11.36	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6	22.71	3.79	.001	11.36	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	2	6	22.71	3.79	.001	11.36	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,927
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04

FEE-FOR-SERVICE/DENTAL

FRESNO COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

FRESNO COUNTI	SUMMARY OF SER	VICES FOR IIILE	II DI	SKEGARD - DISABLEI	AID CODES 36			~=
4 500 51 16151 56	11077					MOI		
4,720 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
	F1.0	OR DAYS OF CAR		00.666.60	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	512	1,940	\$	82,666.63	\$ 42.61	.411		•
COMM HOSP INPATIENT TOTAL	38	245		33,430.02	136.45	.052	879.74	7.08
HSC HOSPITALS	2	4		5,250.00	1312.50	.001	2625.00	1.11
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	36	241		28,180.02	116.93	.051	782.78	5.97
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	499	1,695		49,236.61	29.05	.359	98.67	10.43
MEDICAL	14	17		860.20	50.60	.004	61.44	.18
SURGERY	4	5		95.36	19.07	.001	23.84	.02
PATHOLOGY	22	98		1,555.58	15.87	.021	70.71	.33
RADIOLOGY	19	27		2,387.11	88.41	.006	125.64	.51
ROOM USE	32	54		2,492.28	46.15	.011	77.88	.53
CROSSOVERS/ALL OTH OUTPTNT	461	1,494		41,846.08	28.01	.317	90.77	8.87
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	20	673	\$	81,982.13	\$ 121.82	.143	4099.11	\$ 17.37
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	20	673		81,982.13	121.82	.143	4099.11	17.37
@INTERMEDIATE CARE FACILDD	1	8	\$	1,462.32	\$ 182.79	.002	1462.32	\$.31
ICF DDH	0	0	·	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	8		1,462.32	182.79	.002	1462.32	.31
@HEMODIALYSIS TOTAL	54	73	\$	35,814.80	\$ 490.61	.015	663.24	\$ 7.59
HOSPITAL BASED	0	0	т	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	54	73		35,814.80	490.61	.015	663.24	7.59
@REHABILITATION FACILITY	5	17	\$	493.07	\$ 29.00	.004		
HOSPITAL BASED	5	17		493.07	29.00	.004	98.61	.10

INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	22	174 \$	1,094.23	\$	6.29	.037	\$	49.74	\$.23
PATHOLOGY	18	133	1,058.84		7.96	.028		58.82		.22
XO AND OTHERS	4	41	35.39		.86	.009		8.85		.01
@ORGANIZED OUTPATIENT CLINIC	242	436 \$	21,025.91	\$	48.22	.092	\$	86.88	\$	4.45
CLINIC	4	6	38.04		6.34	.001		9.51		.01
SURGICENTER	10	25	5,277.91		211.12	.005	5	27.79		1.12
HEROIN DETOX CLINIC	5	30	274.25		9.14	.006		54.85		.06
RURAL HEALTH CLINIC	224	375	15,435.71		41.16	.079		68.91		3.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC 20	ე3	PP	AGE 2,928
MOP024	FEE-FOR-SERVICE/DE	NTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	S FOR TITLE II	DISREGARD - DISABL	ED AII	CODES 36	5 66 6C				

----- MONTHLY AVERAGE -----

4,720 ELIGIBLES	USERS UI	NITS OF SERVICE	ו י	EXPENDITURES	AMEDACE CO	ST UNITS/DAY	COST DEP	COST PER
1,720 EDIGIDDED		OR DAYS OF CARE		EXPENDITORED	PER UNIT/D			ELIGIBLE
@ALL OTHER PROVIDERS	707	54,137	S	243,877.51	\$ 4.50			
DURABLE MED. EQUIP.	23	71	Ÿ	35,750.36	503.53		1554.36	7.57
BLOOD BANK	0	7 1		.00	.00		.00	.00
HEARING AID DISPENSERS	2	2		952.57	317.52		476.29	.20
MEDICAL TRANSPORTATION	93	5,202		21,296.33	4.09		228.99	4.51
AMBULANCES/AIR TRANS	93	96		1,217.74	12.68		135.30	
OTHER TRANS	52	4,722		18,070.87	3.83		347.52	3.83
OTHER TRANS OTHER SERVICES	40	384		2,007.72	5.23		50.19	
	40			•				.43
ACUPUNCTURE	0	0		.00	.00		.00	.00
ADULT DAY HEALTH CARE CTR	34	514		35,702.15	69.46		1050.06	7.56
GENETIC DISEASE TESTING	1	1		105.00	105.00		105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	39	3,175		102,228.30	32.20		2621.24	21.66
OCCUPATIONAL THERAPIST	0	0		.00	.00		.00	.00
OPTICIAN	149	356		4,783.53	13.44		32.10	1.01
PHYSICAL THERAPIST	0	0		.00	.00		.00	.00
PORTABLE X-RAY	2	5		6.43	1.29		3.22	.00
PROSTHETIST/ORTHOTISTS	27	58		2,930.06	50.52		108.52	.62
PROSTHETICS	27	58		2,930.06	50.52		108.52	.62
ORTHOTICS	0	0		.00	.00		.00	.00
PSYCHOLOGIST	9	33		98.23	2.98		10.91	.02
SPEECH AND AUDIOLOGY	52	216		8,566.42	39.66	.046	164.74	1.81
HOSPICE SERVICES	0	0		18.95	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2		39.92	19.96	.000	39.92	.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	365	44,501		31,399.26	.71	9.428	86.03	6.65
@CALIF. CHILDREN SERVICES*	6	29	\$	3,245.83	\$ 111.93			
@XOVER EXCLUDING STATE HOSP**	1,466	44,216	\$	•	\$ 4.50			
@* TOTALS IN THESE LINES ARE CIT	•	·	TTEM ONTV					•

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,929
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

INDDIO COONII	DOINIME OF DELL	VICED FOR		 DICEOTHED THIEFED		DIDCOMITM	711				
							MC	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF S	SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS (OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00		.00	.000		.00		.00
OFFICE VISITS	0		0	.00		.00	.000		.00		.00
HOME VISITS	0		0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0	.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DDD:::::::::::::::::::::::::::::::::::	0	0	0.0	0.0	0.00	0.0	0.0
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	n	0	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	Ü	Ü	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0				.00	.00
	U	U	.00	.00	.000		
EXAMINATIONS	Ü	Ü	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	n	0	.00	.00	.000	.00	.00
	0	0					
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	U	U					
PRINCIPAL SURGEON	Ü	Ü	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ω	0	.00	.00	.000	.00	.00
	0	0					
DIALYSIS	Ū	Ü	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	0	0					
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	Ω	0 \$.00	\$.00	.000 \$.00	\$.00
	0	- 1		•	· ·		
PRESCRIPTION DRUGS	Ū	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	Ω	0	.00	.00	.000	.00	.00
	0	_					
@DENTIST	U	· 1		\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIA	Ü	Ü	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00		.00	.00
	U	U			.000		
PROSTHETICS	Ü	Ü	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
	0	0					
MAXILLOFACIAL SERVICES	Ū	Ü	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	•	<u> </u>					
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON	TH-OF-PAYMENT REP	ORT FOR JAN 2	1003 THRU DEC	2003	PAGE 2,930
MOP024	FEE-FOR-SERVICE/						01/29/04
FRESNO COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DISR	EGARD - FAMILIES	DISCONTINU	ED		
				-	MONT	HIV AVERAG	F:
00 BLIGIDIES	HOEDG	TNITES OF SERVICE	EXPENDIBLE	ATTERNOE GOOD	_		COST PER
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES .	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
		_					
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$		\$.00	.000 \$		\$.00
	U	0		·	•		•
VISITS	Ŏ.		.00	.00	.000	.00	.00
OMITED CEDITORS	0						
OTHER SERVICES	0 0	0	.00	.00	.000	.00	.00
	•	0	.00	.00	.000		
@PODIATRIST	0 0	0 0 \$.00	.00 \$.00	.000 .000 \$.00	\$.00
@PODIATRIST MEDICINE/INJECTIONS	0 0 0	0 0 \$ 0	.00 .00 .00	.00 \$.00 .00	.000 .000 \$.000	.00	\$.00 .00
@PODIATRIST	0 0	0 0 \$.00	.00 \$.00	.000 .000 \$.00	\$.00

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR:	ES MONTH-OF	-PAYMENT REPOR	RT FOR JAN 200	3 THRU DEC	2003	PAGE 2,931	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
FRESNO COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- FAMILIES	DISCONTINUE)			
						MONT	HLY AVERAG	E	

					MON	THLY AVERAGE	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MONTH-OF	-PAYMENT RE	PORT F	FOR JAN 2	2003 THRU I	EC 2	2003	PAGE	2,932
MOP024	FEE-FOR-SERVICE/DENTAL									01	/29/04
EDECATO COLLABOR	CITAMAN DIV OF CEDITIONS FOR		TT DIGDEGADE		ъ.	COOSTELLATE	TED				

FRESNO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
ONLI OMITTO DOCUMENTO	0	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

11,955 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	256	682	\$	12,334.98	\$	18.09	.057	\$	48.18	\$	1.03
DIAGNOSTIC AND ANC. PROCED	49 186	49		1,864.87		38.06 16.99	.004		38.06		.16 .77
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	60	541 92		9,190.22 1,279.89		13.91	.045 .008		49.41 21.33		.11
@CHIROPRACTOR	11	24	\$	318.51	\$	13.27	.002	Ċ	28.96	Ċ	.03
VISITS	2	11	٧	175.56	٧	15.96	.001	٧	87.78	٧	.01
OTHER SERVICES	9	13		142.95		11.00	.001		15.88		.01
@PODIATRIST	240	381	\$	4,434.25	\$	11.64		\$		\$.37
MEDICINE/INJECTIONS	8	9	·	197.80	•	21.98	.001		24.73	·	.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	233	372		4,236.45		11.39	.031		18.18		.35
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	8	27	\$	194.43	\$	7.20	.002	\$	24.30	\$.02
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	\$ \$.00	\$ \$.00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	4	7	<u>ن</u> ب	125.72	\$	17.96	.001	\$	31.43	۶ \$.01
@TOTAL HOSPITAL	1,190	4,422	\$	202,014.89	Š	45.68	.370	\$		\$	16.90
HOSP INPATIENT TOTAL	130	656	٧	99,704.19	٧	151.99	.055	٧	766.96	٧	8.34
HSC HOSPITALS	2	4		5,250.00		1312.50	.000		2625.00		.44
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	128 0	652 0		94,454.19 .00		144.87 .00	.055 .000		737.92		7.90 .00
HOSP OUTPATIENT TOTAL	1,124	3,766		102,310.70		27.17	.315		91.02		8.56
MEDICAL	16	19		927.44		48.81	.002		57.97		.08
SURGERY	5	6		178.31		29.72	.002		35.66		.01
PATHOLOGY	23	103		1,601.64		15.55	.009		69.64		.13
RADIOLOGY	20	28		2,413.37		86.19	.002		120.67		.20
ROOM USE	33	56		2,673.45		47.74	.005		81.01		.22
CROSSOVERS/ALL OTH OUTPTNT	1,085	3,554		94,516.49		26.59	.297		87.11		7.91
@COUNTY HOSPITAL TOTAL	3	8	\$	26.51	\$	3.31	.001	\$	8.84	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	8		26.51		3.31	.001		8.84		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0 8		.00 26.51		.00	.000		.00		.00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV			DEC 1	20.51 MONTH-OF-PAYMENT RI	ים חחש	3.31	.001 ו ווסטיד 2003	חביכ	8.84	DΛ	GE 2,935
MOP024	FEE-FOR-SERVICE		KES I	IONIII-OI -FAIMENI KI	EFOR.	I FOR UAN A	2003 11110 1	ا الدار	2003	FA	01/29/04
FRESNO COUNTY		ICES FOR TITLE	II DI	SREGARD - TOTAL							01/25/01
							Mo	ONTI	HLY AVERA	GE -	
11,955 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST			COST PER		OST PER
		OR DAYS OF CAR			PEI	R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,188	4,414	\$	201,988.38	\$	45.76	.369	\$	170.02	\$	16.90

COMM HOSP INPATIENT TOTAL	130	656	99,704.19	151.99	.055	766.96	8.34
HSC HOSPITALS	2	4	5,250.00	1312.50	.000	2625.00	.44
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	128	652	94,454.19	144.87	.055	737.92	7.90
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,122	3,758	102,284.19	27.22	.314	91.16	8.56
MEDICAL	16	19	927.44	48.81	.002	57.97	.08
SURGERY	5	6	178.31	29.72	.001	35.66	.01
PATHOLOGY	23	103	1,601.64	15.55	.009	69.64	.13
RADIOLOGY	20	28	2,413.37	86.19	.002	120.67	.20
ROOM USE	33	56	2,673.45	47.74	.005	81.01	.22

1,083	3,546		94,489.98		26.65	.297		87.25		7.90
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
166	3,391	\$	491,738.41	\$	145.01	.284	\$	2962.28	\$	41.13
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
166	3,391		491,738.41		145.01	.284		2962.28		41.13
1	8	\$	1,462.32	\$	182.79	.001	\$	1462.32	\$.12
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	8		1,462.32		182.79	.001		1462.32		.12
120	154	\$	70,686.00	\$	459.00	.013	\$	589.05	\$	5.91
0	0		.00		.00	.000		.00		.00
120	154		70,686.00		459.00	.013		589.05		5.91
6	19	\$	571.82	\$	30.10	.002	\$	95.30	\$.05
6	19		571.82		30.10	.002		95.30		.05
0	0		.00		.00	.000		.00		.00
	174	\$	1,094.23	\$	6.29	.015	\$	49.74	\$.09
18	133		1,058.84		7.96	.011		58.82		.09
4	41		35.39		.86	.003		8.85		.00
644	1,165	\$	44,630.14	\$	38.31	.097	\$	69.30	\$	3.73
8	15		628.36		41.89	.001		78.55		.05
26	43				175.77	.004		290.70		.63
5						.003		54.85		.02
										3.03
MEDI-CAL SERVICES AN	D EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPOR:	r for Jan	2003 THRU	DEC	2003	P.	AGE 2,936
										01/29/04
SUMMARY OF SERVICES	FOR TITLE	II DI	SREGARD - TOTAL							
						M	ONT	HLY AVERA	GE	
	0 0 0 0 166 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 \$ 0 0 0 166 3,391 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 166 3,391 1 8 \$ 0 0 0 0 166 3,391 1 8 \$ 0 0 0 1 1 8 \$ 120 154 \$ 0 0 0 120 154 \$ 0 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 6 19 \$ 7 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 8 10 \$ 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608 1,077 36,169.37	0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 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11,955 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,098	239,613 \$	562,108.60	\$ 2.35	20.043	\$ 267.93	\$ 47.02
DURABLE MED. EQUIP.	57	161	54,705.19	339.78	.013	959.74	4.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	40	44	17,200.68	390.92	.004	430.02	1.44
MEDICAL TRANSPORTATION	302	25,938	77,521.84	2.99	2.170	256.69	6.48
AMBULANCES/AIR TRANS	53	495	7,751.16	15.66	.041	146.25	.65
OTHER TRANS	168	24,481	64,567.17	2.64	2.048	384.33	5.40
OTHER SERVICES	106	962	5,203.51	5.41	.080	49.09	.44
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	129	1,703	118,404.97	69.53	.142	917.87	9.90
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	253	3,783	160,647.93	42.47	.316	634.97	13.44
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	348	816	10,999.37	13.48	.068	31.61	.92
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	12	21.98	1.83	.001	5.50	.00
PROSTHETIST/ORTHOTISTS	60	124	4,948.27	39.91	.010	82.47	.41
PROSTHETICS	60	124	4,948.27	39.91	.010	82.47	.41
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	35	152.05	4.34	.003	15.21	.01
SPEECH AND AUDIOLOGY	114	330	17,082.73	51.77	.028	149.85	1.43
HOSPICE SERVICES	2	13	1,435.29	110.41	.001	717.65	.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	39.92	19.96	.000	39.92	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,140	206,649	98,800.13	.48	17.286	86.67	8.26
@CALIF. CHILDREN SERVICES*	6	29	\$ 3,245.83	\$ 111.93	.002	\$ 540.97	\$.27
@XOVER EXCLUDING STATE HOSP**	4,040	72,741	\$ 604,593.06	\$ 8.31	6.085	\$ 149.65	\$ 50.57

 $@* \ \ \, \text{TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;}\\$

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,937 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED ALD CODE 18

FRESNO COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUPPO:	RT - AGED		AID CODE	18				
							M	TNC	HLY AVERA	GE	
8,849 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CARE			PER		PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	7,602	881,389	\$	4,342,694.14	\$	4.93	99.603	\$	571.26	\$	490.76
@PHYSICIANS SERVICES	1,500	6,193	\$	70,614.03	\$	11.40	.700	\$	47.08	\$	7.98
OUTPATIENT VISITS	15	17		770.54		45.33	.002		51.37		.09
OFFICE VISITS	9	10		383.18		38.32	.001		42.58		.04
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	6	6		368.16		61.36	.001		61.36		.04
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	0 1		19.20		19.20	.000		19.20		.00
INPATIENT VISITS	1	3		148.61		49.54	.000		148.61		.02
HOSPITAL VISITS	<u></u>	3		148.61		49.54	.000		148.61		.02
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	13	13		248.01		19.08	.001		19.08		.03
EXAMINATIONS	13	13		248.01		19.08	.001		19.08		.03
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	2		145.36		72.68	.000		72.68		.02
PRINCIPAL SURGEON	2	2		145.36		72.68	.000		72.68		.02
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	21		143.30		6.82	.002		35.83		.02
RADIOLOGY	6	10		392.15		39.22	.001		65.36		.04
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	5	5		42.66		8.53	.001		8.53		.00
OTHER SERVICES/ALL X-OVERS	1,470	6,122		68,723.40		11.23	.692		46.75		7.77
@PHARMACY	6,618		\$	2,052,489.84	\$	4.90	47.347	بے	310.14	بے	231.95
PRESCRIPTION DRUGS	6,380	31,157	Ą	1,876,227.03	Ą	60.22	3.521	Ą	294.08	Ą	212.03
SNF/ICF	232	1,558		81,984.65		52.62	.176		353.38		9.26
OUTPATIENTS	6,185	29,599		1,794,242.38		60.62	3.345		290.10		202.76
MEDICAL SUPPLIES	1,647	387,818		176,262.81		.45	43.826		107.02		19.92
@DENTIST	393		\$	66,523.05	۲.	38.21	.197	ċ,	169.27	۲,	7.52
VISITS - DIAGNOSTIC	251	1,741	٠	10,584.05	Ą	9.89	.121	Ą	42.17	Ą	1.20
ORAL SURGERY	251 67	1,070				59.89	.022		$\frac{42.17}{174.42}$		1.20
DRUGS	1	195		11,686.00 15.00		15.00	.022		15.00		.00
	1	1		100.00					100.00		.00
ANESTHESIA	21	22				100.00	.000				
PERIODONTICS	9	12		2,502.00		113.73	.002		119.14		.28
ENDODONTICS	_			2,570.00		214.17	.001		285.56		.29
RESTORATIVE DENTISTRY	68	147		10,064.00		68.46	.017		148.00		1.14
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	108	286 0		28,942.00		101.20	.032		267.98		3.27
SPACE MAINTAINERS	Ü	U		.00		.00	.000		.00		.00

0 0 MAXILLOFACIAL SERVICES .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 5 5 .00 .00 ALL OTHER SERVICES .00 .001 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,938
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RI	EPOR.	I FOR JAN 2	2003 THRU L	EC	2003	Ρ.	AGE 2,938
MOP024	FEE-FOR-SERVIC										01/29/04
FRESNO COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SUP	PORT - AGED		AID CODE					
							MC				
8,849 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3			COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	130	326	\$	6,101.30	\$	18.72	.037	\$	46.93	\$.69
DIAGNOSTIC AND ANC. PROCED	31	31		1,035.11		33.39	.004		33.39		.12
EYE APPLIANCES	93	259		4,447.15		17.17	.029		47.82		.50
OTHER OPTOMETRIC SERVICES	31 93 25	36		619.04		17.20	.004		24.76		.07
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.000	\$	33.44	\$.00
VISITS	1	1		16.72		16.72	.000		16.72		.00
OTHER SERVICES	1	1		16.72		16.72	.000		16.72		.00
@PODIATRIST	1 1 226 2 0 0 224 0	316	\$	2,947.06	\$	9.33	.036	\$	13.04	\$.33
MEDICINE/INJECTIONS	2	2	•	81.20	•	40.60	.000	•	40.60	-	.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	224	314		2,865.86		9.13	.035		12.79		.32
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	6	\$	40.98	\$	6.83	.001			Ė	.00
NURSE MIDWIFE	0	0	Ė	.00	\$.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	6	10	Š	145.10	Š	14.51	.001		24.18		.02
@TOTAL HOSPITAL	851	0 10 3,200	Š	158,112.94	Š	49.41	.362		185.80		17.87
HOSP INPATIENT TOTAL	123	576	Ψ	93,764.63		162.79	.065	Ψ	762.31	Ψ.	10.60
NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	1					1200.00	.000		4800.00		.54
NON-HSC HOSPITAL TOTAL	0	0		00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		0.0		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		. 00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		. 00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		. 00		.00	.000		.00		.00
3310777737770	0	0		. 00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	122	572		4,800.00 .00 .00 .00 .00 .00 .00 88,964.63 .00 64,348.31 90.60 .00 34.55		155.53	.065		729.22		10.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	786	2,624		64.348.31		24.52	.297		81.87		7.27
MEDICAL	4	4		90.60		22.65	.000		22.65		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	7		34.55		4.94	.001		8.64		.00
RADIOLOGY	- 3	3		218.24		72.75	.000		72.75		.02
ROOM USE	7	7		205.68		29.38	.001		29.38		.02
CROSSOVERS/ALL OTH OUTPTNT	778	2,603		63,799.24		24.51	.294		82.00		7.21
@COUNTY HOSPITAL TOTAL	2	10	Ś	16.91	\$	1.69	.001	\$	8.46	\$.00
CO HOSPITAL INPATIENT TOTAL		0	•	.00	•	.00	.000	•	.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	10		16.91		1.69	.001		8.46		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

.00 0 0 .00 .00 RADIOLOGY .000 .00 0 0 .00 .00 .00 ROOM USE .000 .00 2 10 16.91 .00 CROSSOVERS/ALL OTH OUTPTNT 1.69 .001 8.46 PAGE 2,939 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MODO 24 FFF-FOR-SERVICE / DENTAL.

MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	S FOR IN HOME	SUPPORT	- AGED		AID CODE	18				
							N	ONT	HLY AVERA	GE	
8,849 ELIGIBLES	USERS UN	ITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY		COST PER		COST PER
.,		R DAYS OF CARE					PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	850	3,190	\$	158,096.03		49.56	.360		186.00		17.87
COMM HOSP INPATIENT TOTAL	123	576	т	93,764.63		162.79	.065	т	762.31	-	10.60
HSC HOSPITALS	1	4		4,800.00		1200.00	.000		4800.00		.54
NON-HSC HOSPITALS TOTAL	0	Ō		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	ő		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	122	572		.00 88,964.63		155.53	.065		729.22		10.05
INPATIENT CROSSOVERS	0	0				.00	.000		.00		.00
ALL OTHER INPATIENT	_			.00							
COMM HOSP OUTPATIENT TOTAL	785 4	2,614		64,331.40		24.61	.295		81.95		7.27
MEDICAL	-	4		90.60		22.65	.000		22.65		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	/		34.55		4.94	.001		8.64		.00
RADIOLOGY	3	3		218.24		72.75	.000		72.75		.02
ROOM USE	7	7		205.68		29.38	.001		29.38		.02
CROSSOVERS/ALL OTH OUTPTNT		2,593		63,782.33		24.60	.293		82.09		7.21
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	421	9,645	\$	1,194,478.03		123.84	1.090	\$	2837.24	\$	134.98
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	421	9,645		1,194,478.03	3	123.84	1.090		2837.24		134.98
@INTERMEDIATE CARE FACILDD	0	0	\$.00) \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00)	.00	.000		.00		.00
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	100	122	\$	59,296.58	\$	486.04	.014	\$	592.97	\$	6.70
HOSPITAL BASED	0	0	·	.00)	.00	.000	·	.00		.00
HEMODIALYSIS CENTER	100	122		59,296.58		486.04	.014		592.97		6.70
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$		\$.00
HOSPITAL BASED	0	0	т	.00		.00	.000	т.	.00	т.	.00
INDEPENDENT FACILITY	0	Ö		.00		.00	.000		.00		.00
@LABORATORY FACILITY	17	92	\$	1,035.41		11.25	.010	\$		\$.12
PATHOLOGY	12	82	Ÿ	982.23		11.98	.009	Y	81.85	٧	.11
XO AND OTHERS	5	10		53.18		5.32	.001		10.64		.01
@ORGANIZED OUTPATIENT CLINIC	344	594	\$	19,194.69		32.31	.067	\$	55.80	\$	2.17
CLINIC CLINIC	1	6	Ą	24.56		4.09	.001	Ą	24.56	Ą	.00
SURGICENTER	6	6		726.15		121.03	.001		121.03		.08
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	338	582	na Marmi	18,443.98		31.69	.066	DE-C	54.57	_	2.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		FP MONTH	1-OF-PAYMEN'I'	KELOKI,	FUR JAN	ZUU3 THKU	DEC	∠003	Р	AGE 2,940
MOP024	FEE-FOR-SERVICE/DE		G11D D C = =			3.TD G0==	1.0				01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	S FOR IN HOME	SUPPORT	· - AGED		AID CODE	ТЯ				

8,849 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,413	440,167	\$ 711,681.69	\$ 1.62	49.742	\$ 294.94	\$ 80.43
DURABLE MED. EQUIP.	52	118	23,415.73	198.44	.013	450.30	2.65
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	47	58	23,974.73	413.36	.007	510.10	2.71
MEDICAL TRANSPORTATION	430	34,155	96,844.86	2.84	3.860	225.22	10.94
AMBULANCES/AIR TRANS	95	1,055	14,419.57	13.67	.119	151.78	1.63
OTHER TRANS	245	31,795	76,488.03	2.41	3.593	312.20	8.64
OTHER SERVICES	123	1,305	5,937.26	4.55	.147	48.27	.67
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	244	3,522	244,223.13	69.34	.398	1000.91	27.60
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	534	1,774	156,269.75	88.09	.200	292.64	17.66
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	200	463	6,538.13	14.12	.052	32.69	.74
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	5	18	11.31	.63	.002	2.26	.00
PROSTHETIST/ORTHOTISTS	40	98	2,114.13	21.57	.011	52.85	.24
PROSTHETICS	40	98	2,114.13	21.57	.011	52.85	.24
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	64	116	8,322.46	71.75	.013	130.04	.94
HOSPICE SERVICES	14	250	26,906.68	107.63	.028	1921.91	3.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3	28.71	9.57	.000	28.71	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,220	399,590	122,988.82	.31	45.157	100.81	13.90
@CALIF. CHILDREN SERVICES*	1	1	\$ 53.35	\$ 53.35	.000	\$ 53.35	\$.01
@XOVER EXCLUDING STATE HOSP**	3,135	71,001	\$ 567,586.80	\$ 7.99	8.024	\$ 181.05	\$ 64.14

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,941 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

					MON'	THLY AVERAG	E
255 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	196	12,744 \$	203,237.15	\$ 15.95	49.976 \$	1036.92	\$ 797.01
@PHYSICIANS SERVICES	65	1,873 \$	10,757.18	\$ 5.74	7.345 \$		\$ 42.19
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	20.00	20.00	.004	20.00	.08
EXAMINATIONS	1	1	20.00	20.00	.004	20.00	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	64	1,872	10,737.18	5.74	7.341	167.77	42.11
@PHARMACY	160	2,006 \$	72,992.38	\$ 36.39	7.867 \$		\$ 286.24
PRESCRIPTION DRUGS	155	849	70,788.58	83.38	3.329	456.70	277.60
SNF/ICF	6	109	5,240.69	48.08	.427	873.45	20.55
OUTPATIENTS	149	740	65,547.89	88.58	2.902	439.92	257.05
MEDICAL SUPPLIES	39	1,157	2,203.80	1.90	4.537	56.51	8.64
@DENTIST	10	43 \$	2,406.00	\$ 55.95	.169 \$	240.60	\$ 9.44

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

VISITS - DIAGNOSTIC	6	28		291.00		10.39	.110	48.50		1.14
ORAL SURGERY	1	5		425.00		85.00	.020	425.00		1.67
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	ĺ	1		.00		.00	.004	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	4	7		790.00		112.86	.027	197.50		3.10
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	ĺ	2		900.00		450.00	.008	900.00		3.53
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		-	URES N	MONTH-OF-PAYMENT	REPORT				P	AGE 2,942
MOP024	FEE-FOR-SERVICE		01120 1	.01.111 01 1111111111	0111	1011 0111 1	2000 111110 2	2005	_	01/29/04
FRESNO COUNTY	SUMMARY OF SERV		ME SUE	PPORT - BLIND		AID CODE	28			01/22/01
							MOI	NTHLY AVERA	GE	
255 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS			COST PER
	55223	OR DAYS OF CA					PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	2	5	\$	55.77	\$	11.15	.020		\$.22
DIAGNOSTIC AND ANC. PROCED	0	0	-	.00	-	.00	.000	.00	т.	.00
EYE APPLIANCES	ĺ	3		53.11		17.70	.012	53.11		.21
OTHER OPTOMETRIC SERVICES	1	2		2.66		1.33	.008	2.66		.01
@CHIROPRACTOR	0	0	\$.00		.00		\$.00	Ġ	.00
VISITS	0	0		.00	•	.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	17	19	\$	115.66		6.09	.075	\$ 6.80	\$.45
MEDICINE/INJECTIONS	0	0	·	.00	•	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	17	19		115.66		6.09	.075	6.80		.45
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	.00	\$.00
NURSE MIDWIFE	0	0	\$.00		.00	.000	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	32	100	\$	5,252.75	\$	52.53	.392	\$ 164.15	\$	20.60
HOSP INPATIENT TOTAL	4	27		3,332.00		123.41	.106	833.00		13.07
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	4	27		3,332.00		123.41	.106	833.00		13.07
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	29	73		1,920.75		26.31	.286	66.23		7.53
MEDICAL	0	0		0.0		0.0	000	0.0		0.0

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MEDICAL

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@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ROOM USE

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		00
ALL OTHER ACCOM	0	0	.00	.00	.000			00
	0	0				.00		
ANCILLARIES	0	0	.00	.00	.000	.00		00
INPATIENT CROSSOVERS	Ü	Ü	.00	.00	.000	.00		00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		00
MEDICAL	0	0	.00	.00	.000	.00		00
SURGERY	0	0	.00	.00	.000	.00		00
PATHOLOGY	0	0	.00	.00	.000	.00		00
RADIOLOGY	0	0	.00	.00	.000	.00		00
ROOM USE	0	0	.00	.00	.000	.00		00
CROSSOVERS/ALL OTH OUTPTNT	Ö	0	.00	.00	.000	.00		00
		ES AND EXPENDITURES MON						
	FEE-FOR-SERVICE		III OF FAIMENT RE	FORT FOR UAN 2	OUS TIMO DEC	2005	01/2	
			NDT DI TND	YID CODE	20		01/2	3/U 4
FRESHO COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SUPPO	ORI - BLIND	AID CODE		DIII 37 - 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	30	
055					MONT			
255 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST P	
	32	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIB	
@COMMUNITY HOSPITAL TOTAL	32	100 \$	5,252.75	\$ 52.53	.392 \$		\$ 20.	60
COMM HOSP INPATIENT TOTAL	4	27	3,332.00	123.41	.106	833.00	13.	07
HSC HOSPITALS	0	0	.00	.00	.000	.00		00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		00
ALL OTHER ACCOM	Ô	0	.00	.00	.000	.00		00
ANCILLARIES	0	0			.000	0.0		00
INPATIENT CROSSOVERS	4	27	3,332.00	100	.106	.00 833.00	13.	
ALL OTHER INPATIENT	0	0	3,332.00	.00 123.41 .00	.000	033.00	13.	
	-				.000	.00 66.23		
COMM HOSP OUTPATIENT TOTAL	29	73	1,920.75	26.31	.286	66.23		53
MEDICAL	0	0	.00	.00	.000	.00		00
SURGERY	0	0	.00	.00	.000	.00		00
PATHOLOGY	0	0	.00	.00	.000	.00		00
RADIOLOGY	0	0	.00	.00	.000	.00		00
ROOM USE	0	0	.00	.00	.000	.00		00
CROSSOVERS/ALL OTH OUTPTNT	29	73	1,920.75	26.31	.286	66.23	7.	53
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.	00
MENTALLY ILL	0	0	.00	.00	.000	.00		00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		00
@NURSING FACILITY	19	523 \$	58,895.11	\$ 112.61		3099.74		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	•	00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		00
LEV B-SUBACUTE FREESTANDING	Õ	0	.00	.00	.000	.00		00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		00
LEV B-SOBACOTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		00
	19							
LEV B-REGULAR		523	58,895.11	112.61	2.051	3099.74	230.	
@INTERMEDIATE CARE FACILDD	0	0 \$		\$.00	.000 \$			
ICF DDH	Ü	0	.00	.00	.000	.00		00
ICF DD	0	0	.00	.00	.000	.00		00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		00
@HEMODIALYSIS TOTAL	33	35 \$	17,806.11	\$ 508.75	.137 \$	539.58	\$ 69.	83
HOSPITAL BASED	0	0	.00	.00	.000	.00		00
HEMODIALYSIS CENTER	33	35	17,806.11	508.75	.137	539.58	69.	83
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.	00
HOSPITAL BASED	0	0	.00	.00	.000	.00		00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00		00
PATHOLOGY	n 0	0	.00	.00	.000	.00		00
AU VAD UAREDG	0	0	.00	.00	000	.00		0.0

XO AND OTHERS

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@ORGANIZED OUTPATIENT CLINIC	3	4	\$ 132.10		.03 .016		•
CLINIC	0	0	.00		.000	.00	.00
SURGICENTER	0	0	.00		.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.000		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	3	4	132.10		.03 .016		.52
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	REPORT FOR	JAN 2003 THRU	DEC 2003	
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPORT - BLIND	AID	CODE 28		
					N	MONTHLY AVERA	GE
255 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE	COST UNITS/DAY	YS COST PER	COST PER
255 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR		OR DAYS OF CARE		PER UNI	T/DAY PER ELIC	G USER	ELIGIBLE
@ALL OTHER PROVIDERS	42	8,136	\$ 34,824.09	\$ 4	.28 31.906	\$ 829.15	\$ 136.57
DURABLE MED. EOUIP.	3	10	9,860.86	986	.09 .039	3286.95	38.67
BLOOD BANK	0	10 0 0 8,085	.00	986	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00		.000 .000		.00
MEDICAL TRANSPORTATION	29	8.085	23,491.12		.91 31.706	810.04	
AMBULANCES/AIR TRANS	1	6	124.91		.82 .024	124.91	.49
OTHER TRANS	_ 27	6 8,034	23,100.04		.88 31.506	855.56	90.59
OTHER SERVICES	2	45	266.17		.91 .176	133.09	1.04
ACIDINCTIRE	0	0	.00		.00 .000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00 .000	.00	.00
CENETIC DIGENCE TECTING	0	0	.00		.00 .000	.00	.00
TIMO MODEL ME ME MIDO MOOD	1	0	247.00			247.00	.97
	<u> </u>	0	.00		.00 .000	.00	.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	8,034 45 0 0 0 2 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0				19.12	
OPTICIAN	1	2	19.12		.56 .008		.07
PHYSICAL THERAPIST	0	0	.00		.000 .000	.00	.00
PORTABLE X-RAY	0	0	.00		.000 .000		.00
PROSTHETIST/ORTHOTISTS	0	U	.00		.000 .000		.00
PROSTHETICS	0	0	.00		.000 .000		.00
ORTHOTICS	0	Ü	.00		.00 .000		.00
PSYCHOLOGIST	0	0	.00		.000		.00
SPEECH AND AUDIOLOGY	1	1	25.00		.00 .004		.10
HOSPICE SERVICES	0	0	.00		.000		.00
NONINST BIRTHING CENTERS	0	0	.00		.000		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.000		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.000		.00
RESPIRATORY CARE PRACT.	0	0	.00		.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.000		.00
ALL OTHER PROVIDERS	10	36	1,180.99		.81 .141	118.10	4.63
@CALIF. CHILDREN SERVICES*	0	0		\$.000		\$.00
@XOVER EXCLUDING STATE HOSP**	102	3,208	\$ 39,350.66	\$ 12	.27 12.580	\$ 385.79	\$ 154.32
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION IT	EM ONLY;				
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE AP	PROPRIATE DETAIL L	INES ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABO	VE.				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT FOR	JAN 2003 THRU	DEC 2003	PAGE 2,945
MOP024							01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPORT - DISABLED	AID	CODE 68		
						MONTHLY AVERA	GE
3,377 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE	COST UNITS/DAY	YS COST PER	COST PER
		OR DAYS OF CARE		PER UNI			ELIGIBLE
@TOTAL, ALL PROVIDERS	3,213		\$ 3,020,293.45		.65 134.464		\$ 894.37
@PHYSICIANS SERVICES	977		\$ 74,675.70		.26 1.211		\$ 22.11
OUTPATIENT VISITS	165	251	8,519.66		.94 .074	51.63	2.52
OFFICE VISITS	96	149	4,360.63		.27 .044	45.42	1.29
HOME VISITS	1	1	25.20		.20 .000	25.20	.01
EMERGENCY ROOM	34	40	2,602.78		.07 .012	76.55	.77
PREVENTIVE CARE	0	0	2,602.76		.00 .000	.00	.00
	0	0	.00		.00 .000	.00	
OB VISITS/COMPRE PERI OTHER OUTPATIENT	51	61	1,531.05				.00
	31					30.02	. 45
INPATIENT VISITS	51	159	6,874.29	43	.23 .047	221.75	2.04

HOSPITAL VISITS	30	155	6,387.89	41.21	.046	212.93	1.89
CRITICAL CARE	3	4	486.40	121.60	.001	162.13	.14
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	11	418.12	38.01	.003	46.46	.12
EXAMINATIONS	9	11	418.12	38.01	.003	46.46	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	62	8,457.15	136.41	.018	422.86	2.50
PRINCIPAL SURGEON	18	39	7,570.67	194.12	.012	420.59	2.24
ASSISTANT SURGEON	2	2	346.10	173.05	.001	173.05	.10
ANESTHESIOLOGIST	3	21	540.38	25.73	.006	180.13	.16
OUTPATIENT SURGERY	15	59	2,872.59	48.69	.017	191.51	.85
PRINCIPAL SURGEON	10	11	1,874.42	170.40	.003	187.44	.56
ASSISTANT SURGEON	1	1	63.29	63.29	.000	63.29	.02
ANESTHESIOLOGIST	6	47	934.88	19.89	.014	155.81	.28
DIALYSIS	5	38	1,890.72	49.76	.011	378.14	.56
PATHOLOGY	22	63	1,055.57	16.76	.019	47.98	.31

RADIOLOGY	75	171		6,008.84		35.14	.051		80.12		1.78
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
	7	10				24.99			35.70		
IMMUNIZATION AND INJECTION	•			249.92			.003				.07
OTHER SERVICES/ALL X-OVERS	790	3,266		38,328.84		11.74	.967		48.52		11.35
@PHARMACY	2,873	210,232	\$	1,619,735.94	Ş	7.70	62.254	\$	563.78	Ş	479.64
PRESCRIPTION DRUGS	2,776	15,077		1,522,453.46		100.98	4.465		548.43		450.83
SNF/ICF	25	226		16,545.71		73.21	.067		661.83		4.90
OUTPATIENTS	2,756	14,851		1,505,907.75		101.40	4.398		546.41		445.93
MEDICAL SUPPLIES	801	195,155		97,282.48		.50	57.789		121.45		28.81
@DENTIST	260	1,211	\$	44,394.30	\$	36.66	.359	\$	170.75	\$	13.15
VISITS - DIAGNOSTIC	168	703		7,504.65		10.68	.208		44.67		2.22
ORAL SURGERY	35	93		5,407.00		58.14	.028		154.49		1.60
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	42	47		5,196.65		110.57	.014		123.73		1.54
ENDODONTICS	11	13		2,760.00		212.31	.004		250.91		.82
RESTORATIVE DENTISTRY	70	202		15,299.00		75.74	.060		218.56		4.53
PROSTHETICS	7	7		170.00		24.29	.002		24.29		.05
DENTURES, STAYPLATES	33	134		8,057.00		60.13	.040		244.15		2.39
SPACE MAINTAINERS	0	134		.00		.00	.000		.00		.00
	0	0									
MAXILLOFACIAL SERVICES	-	-		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	7	12		.00		.00	.004		.00		.00
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R	EPOR'	r for Jan 2	2003 THRU	DEC	2003	P.	AGE 2,946
MOP024	FEE-FOR-SERVICE										01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR IN HOM	E SUP	PORT - DISABLED		AID CODE					
									HLY AVERA		
3,377 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIC	3	USER	:	ELIGIBLE
@OPTOMETRIST	60	160	\$	3,069.58	\$	19.18	.047	\$	51.16	\$.91
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	60 19	160 19	\$	3,069.58 783.23	\$	19.18 41.22	.047	\$	51.16 41.22	\$.91 .23
			\$		\$			\$		\$	
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	19	19	\$	783.23	\$	41.22	.006	\$	41.22	\$.23
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	19 41	19 117	·	783.23 1,999.39	\$	41.22 17.09	.006 .035 .007		41.22 48.77		.23 .59
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	19 41 12	19 117 24	\$	783.23 1,999.39 286.96 16.72	·	41.22 17.09 11.96 16.72	.006 .035 .007 .000		41.22 48.77 23.91 16.72		.23 .59 .08 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	19 41 12 1 0	19 117 24 1 0	·	783.23 1,999.39 286.96 16.72	·	41.22 17.09 11.96 16.72	.006 .035 .007 .000		41.22 48.77 23.91 16.72		.23 .59 .08 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	19 41 12 1 0	19 117 24 1 0	\$	783.23 1,999.39 286.96 16.72 .00 16.72	\$	41.22 17.09 11.96 16.72 .00 16.72	.006 .035 .007 .000 .000	\$	41.22 48.77 23.91 16.72 .00 16.72	\$.23 .59 .08 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	19 41 12 1 0 1 93	19 117 24 1 0 1	·	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89	·	41.22 17.09 11.96 16.72 .00 16.72 12.61	.006 .035 .007 .000 .000	\$	41.22 48.77 23.91 16.72 .00 16.72 19.93	\$.23 .59 .08 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	19 41 12 1 0 1 93 14	19 117 24 1 0 1 147	\$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90	\$	41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53	.006 .035 .007 .000 .000 .000	\$	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14	\$.23 .59 .08 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	19 41 12 1 0 1 93 14	19 117 24 1 0 1 147 15	\$	783.23 1,999.39 286.96 16.72 1,853.89 337.90	\$	41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53	.006 .035 .007 .000 .000 .000	\$	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14	\$.23 .59 .08 .00 .00 .00 .55
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	19 41 12 1 0 1 93 14 0	19 117 24 1 0 1 147 15 0 2	\$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60	\$	41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30	.006 .035 .007 .000 .000 .000 .044 .004	\$	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60	\$.23 .59 .08 .00 .00 .55 .10
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	19 41 12 1 0 1 93 14 0 1 79	19 117 24 1 0 1 147 15 0 2	\$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39	\$	41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40	.006 .035 .007 .000 .000 .044 .004 .000	\$	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75	\$.23 .59 .08 .00 .00 .00 .55 .10 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	19 41 12 1 0 1 93 14 0 1 79 23	19 117 24 1 0 1 147 15 0 2 130 7,634	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84	\$ \$	41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59	.006 .035 .007 .000 .000 .000 .044 .004 .000 .001 .038 2.261	\$ \$	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73	\$P \$P	.23 .59 .08 .00 .00 .00 .55 .10 .00 .01 .44
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	19 41 12 1 0 1 93 14 0 1 79 23	19 117 24 1 0 1 147 15 0 2 130 7,634 5	\$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09	\$ \$	41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62	.006 .035 .007 .000 .000 .044 .004 .001 .038 2.261	ው ው <i>ው</i>	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09	\$\frac{1}{1}\$.23 .59 .08 .00 .00 .00 .55 .10 .00 .01 .44
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	19 41 12 1 0 1 93 14 0 1 79 23 1 0	19 117 24 1 0 1 147 15 0 2 130 7,634 5	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62	.006 .035 .007 .000 .000 .044 .004 .001 .038 2.261 .001	ው ው ው ው ው	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09	ላን ላን ላን	.23 .59 .08 .00 .00 .55 .10 .00 .01 .44 66.89 .01
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0	19 117 24 1 0 1 147 15 0 2 130 7,634 5 0 0	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 .00	\$ \$	41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00	.006 .035 .007 .000 .000 .044 .004 .001 .038 2.261 .001	ው ው ው ው ው ው	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00	ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .55 .10 .00 .01 .44 66.89 .01
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1	19 117 24 1 0 11 147 15 0 2 130 7,634 5 0 0 1	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 .00 .00 .22.18		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 22.18	.006 .035 .007 .000 .000 .004 .004 .001 .038 2.261 .001	ው ውውውው	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 .00 22.18	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538	19 117 24 1 0 1 147 15 0 2 130 7,634 5 0 0 1 3,206	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 .00 22.18 328,882.06		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 22.18	.006 .035 .007 .000 .000 .004 .004 .001 .038 2.261 .001 .000 .000	ው ው ው ው ው ው	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 22.18 611.30	ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538 59	19 117 24 1 0 1 147 15 0 2 130 7,634 5 0 0 1 3,206 388	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 .00 22.18 328,882.06 217,242.10		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 22.18 102.58 559.90	.006 .035 .007 .000 .000 .004 .004 .001 .038 2.261 .001 .000 .000	ម ម ម ម ម ម ម ម ម ម ម	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 22.18 611.30 3682.07	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .00 .01 .97.39 64.33
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538 59 16	19 117 24 1 0 11 147 15 0 2 130 7,634 5 0 0 1 3,206 388 153	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 .00 .22.18 328,882.06 217,242.10 173,571.25		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 .22.18 102.58 559.90 1134.45	.006 .035 .007 .000 .000 .004 .004 .001 .038 2.261 .001 .000 .000 .000	ម ម ម ម ម ម ម ម ម ម ម	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 .00 .22.18 611.30 3682.07 10848.20	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .00 .01 .97.39 64.33 51.40
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538 59 16 2	19 117 24 1 0 11 147 15 0 2 130 7,634 5 0 0 1 3,206 388 153 11	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 .00 34.60 1,481.39 225,899.84 18.09 .00 .00 .22.18 328,882.06 217,242.10 173,571.25 4,536.57		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 .22.18 102.58 559.90 1134.45 412.42	.006 .035 .007 .000 .000 .044 .004 .001 .038 2.261 .001 .000 .000 .000 .949 .115	ម ម ម ម ម ម ម ម ម ម ម	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 .00 .22.18 611.30 3682.07 10848.20 2268.29	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .00 .00 .01 .97.39 64.33 51.40 1.34
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538 59 16 2 2	19 117 24 1 0 1 147 15 0 2 130 7,634 5 0 0 1 3,206 388 153 11 11	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 .00 .22.18 328,882.06 217,242.10 173,571.25 4,536.57 2,544.30		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 .22.18 102.58 559.90 1134.45	.006 .035 .007 .000 .000 .004 .004 .001 .038 2.261 .001 .000 .000 .000	ម ម ម ម ម ម ម ម ម ម ម	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 .00 .22.18 611.30 3682.07 10848.20	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .00 .01 .97.39 64.33 51.40
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538 59 16 2 2 2	19 117 24 1 0 1 147 15 0 2 130 7,634 5 0 0 1 3,206 388 153 11 11 11	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 .00 .22.18 328,882.06 217,242.10 173,571.25 4,536.57 2,544.30 2,544.30		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 22.18 102.58 559.90 1134.45 412.42 231.30 231.30	.006 .035 .007 .000 .000 .044 .004 .001 .038 2.261 .001 .000 .000 .949 .115 .045	ម ម ម ម ម ម ម ម ម ម ម	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 .00 .00 .00 .00 .00 .00	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .00 .00 .01 .97.39 64.33 51.40 1.34
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538 59 16 2 2	19 117 24 1 0 1 147 15 0 2 130 7,634 5 0 0 1 3,206 388 153 11 11	\$ \$	783.23 1,999.39 286.96 16.72		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 .22.18 102.58 559.90 1134.45 412.42 231.30	.006 .035 .007 .000 .000 .044 .004 .001 .038 2.261 .001 .000 .000 .000 .949 .115 .045	ម ម ម ម ម ម ម ម ម ម ម	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 .00 .00 .00 .00 .00 .00	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .00 .01 .97.39 64.33 51.40 1.34 .75
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538 59 16 2 2 2	19 117 24 1 0 1 147 15 0 2 130 7,634 5 0 0 1 3,206 388 153 11 11 11	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 .00 .22.18 328,882.06 217,242.10 173,571.25 4,536.57 2,544.30 2,544.30		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 22.18 102.58 559.90 1134.45 412.42 231.30 231.30	.006 .035 .007 .000 .000 .044 .004 .001 .038 2.261 .001 .000 .000 .949 .115 .045	ម ម ម ម ម ម ម ម ម ម ម	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 .00 .00 .00 .00 .00 .00	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .00 .01 .97.39 64.33 51.40 1.34 .75 .75
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538 59 16 2 2 2 0 0	19 117 24 1 0 11 147 15 0 2 130 7,634 5 0 0 1 3,206 388 153 11 11 11 0	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 22.18 328,882.06 217,242.10 173,571.25 4,536.57 2,544.30 2,544.30 .00		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .22.18 102.58 559.90 1134.45 412.42 231.30 231.30	.006 .035 .007 .000 .000 .004 .004 .001 .038 2.261 .001 .000 .000 .949 .115 .045 .003 .003	ម ម ម ម ម ម ម ម ម ម ម	41.22 48.77 23.91 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 .00 .22.18 611.30 3682.07 10848.20 2268.29 1272.15 .00	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .00 .01 97.39 64.33 51.40 1.34 .75 .75
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### HOSP INPATIENT TOTAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538 59 16 2 2 2 0	19 117 24 1 0 11 147 15 0 2 130 7,634 5 0 0 1 3,206 388 153 11 11 11 0 0	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 22.18 328,882.06 217,242.10 173,571.25 4,536.57 2,544.30 2,544.30 .00 1,992.27		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 22.18 102.58 559.90 1134.45 412.42 231.30 .00 .00	.006 .035 .007 .000 .000 .004 .004 .001 .038 2.261 .001 .000 .000 .949 .115 .045 .003 .003 .003	ម ម ម ម ម ម ម ម ម ម ម	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 .00 .22.18 611.30 3682.07 10848.20 2268.29 1272.15 1272.15 .00 .00 .00 .00 .00 .00 .00 .0	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .00 .01 97.39 64.33 51.40 1.34 .75 .75 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538 59 16 2 2 2 0 0 0 2	19 117 24 1 0 1 147 15 0 2 130 7,634 5 0 0 1 3,206 388 153 11 11 11 0 0 0	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 22.18 328,882.06 217,242.10 173,571.25 4,536.57 2,544.30 .00 1,992.27 39,134.28		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 22.18 102.58 559.90 1134.45 412.42 231.30 .00 .00 .00 .00 .00 .00 .00	.006 .035 .007 .000 .000 .004 .001 .038 2.261 .001 .000 .000 .949 .115 .045 .003 .003 .003	ម ម ម ម ម ម ម ម ម ម ម	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 .00 .22.18 611.30 3682.07 10848.20 2268.29 1272.15 1272.15 1272.15 .00 .00 .00 .00 .00 .00 .00 .0	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .00 .01 97.39 64.33 51.40 1.34 .75 .75 .00 .00 .59
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538 59 16 2 2 2 0 0 0 2 42 0	19 117 24 1 0 11 147 15 0 2 130 7,634 5 0 0 1 3,206 388 153 11 11 11 0 0 0 224 0	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 .00 .22.18 328,882.06 217,242.10 173,571.25 4,536.57 2,544.30 .00 .00 1,992.27 39,134.28		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 .22.18 102.58 559.90 1134.45 412.42 231.30 .00 .00 .00 .00	.006 .035 .007 .000 .000 .004 .004 .001 .038 2.261 .001 .000 .000 .000 .000 .045 .003 .003 .003 .003	ម ម ម ម ម ម ម ម ម ម ម	41.22 48.77 23.91 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 .22.18 611.30 3682.07 10848.20 2268.29 1272.15 .00 .00 .00 .00 .01 .00 .00 .00	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .01 .97.39 64.33 51.40 1.34 .75 .75 .00 .00 .59 11.59
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	19 41 12 1 0 1 93 14 0 1 79 23 1 0 0 1 538 59 16 2 2 2 0 0 0 2 42	19 117 24 1 0 1 147 15 0 2 130 7,634 5 0 0 1 3,206 388 153 11 11 11 0 0 0 0 224	\$ \$	783.23 1,999.39 286.96 16.72 .00 16.72 1,853.89 337.90 .00 34.60 1,481.39 225,899.84 18.09 .00 22.18 328,882.06 217,242.10 173,571.25 4,536.57 2,544.30 .00 1,992.27 39,134.28		41.22 17.09 11.96 16.72 .00 16.72 12.61 22.53 .00 17.30 11.40 29.59 3.62 .00 .00 22.18 102.58 559.90 1134.45 412.42 231.30 .00 .00 .00 .00 .00 .00 .00	.006 .035 .007 .000 .000 .004 .001 .038 2.261 .001 .000 .000 .949 .115 .045 .003 .003 .003	ម ម ម ម ម ម ម ម ម ម ម	41.22 48.77 23.91 16.72 .00 16.72 19.93 24.14 .00 34.60 18.75 9821.73 18.09 .00 .00 .22.18 611.30 3682.07 10848.20 2268.29 1272.15 1272.15 1272.15 .00 .00 .00 .00 .00 .00 .00 .0	ማ ማ ማ ማ ማ ማ	.23 .59 .08 .00 .00 .00 .55 .10 .00 .01 .44 66.89 .01 .00 .00 .01 97.39 64.33 51.40 1.34 .75 .75 .00 .00 .59

SURGERY	11	12	525.39	43.78	.004	47.76	.16
	51	258		11.68			
PATHOLOGY			3,012.85		.076	59.08	.89
RADIOLOGY	38	52	3,748.66	72.09	.015	98.65	1.11
ROOM USE	86	164	6,756.38	41.20	.049	78.56	2.00
CROSSOVERS/ALL OTH OUTPTNT	437	2,257	93,187.48	41.29	.668	213.24	27.59
	0	· · · · · · · · · · · · · · · · · · ·					
@COUNTY HOSPITAL TOTAL	Ü	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	Ü		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ō	Ô	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	Ü	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	U	U					
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 3	2003 THRII DE		PAGE 2,947
			31VIII		BOOS IIIIO DE	C 2005	01/29/04
MOP024	FEE-FOR-SERVICE						01/29/04
FRESNO COUNTY	SUMMARY OF SERV	VICES FOR IN HOME SUPI	PORT - DISABLED	AID CODE	68		
					MON	THLY AVERA	GE
3,377 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINTTS/DAYS	COST PER	COST PER
3,311 HEIGIDEED	OBLICE		EM ENDITORED	PER UNIT/DAY		USER	ELIGIBLE
	530	OR DAYS OF CARE	200 000 06				
@COMMUNITY HOSPITAL TOTAL	538	3,206 \$	328,882.06	\$ 102.58	.949 \$	611.30	\$ 97.39
COMM HOSP INPATIENT TOTAL	59	388	217,242.10	559.90	.115	3682.07	64.33
HSC HOSPITALS	16	153	173,571.25	1134.45	.045	10848.20	51.40
	2	11		412.42			1.34
NON-HSC HOSPITALS TOTAL			4,536.57		.003	2268.29	
ACCOMMODATIONS	2	11	2,544.30	231.30	.003	1272.15	.75
ADMINISTRATIVE DAYS	2	11	2,544.30	231.30	.003	1272.15	.75
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM			.00	.00	.000	.00	.00
ANCILLARIES	2	0	1,992.27	.00	.000	996.14	.59
INPATIENT CROSSOVERS	42	224	39,134.28	174.71	.066	931.77	11.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	505	2,818		39.62	.834		
			111,639.96			221.07	33.06
MEDICAL	43	75	4,409.20	58.79	.022	102.54	1.31
SURGERY	11	12	525.39	43.78	.004	47.76	.16
PATHOLOGY	51	258	3,012.85	11.68	.076	59.08	.89
	38	52	3,748.66	72.09	.015	98.65	1.11
RADIOLOGY							
ROOM USE	86	164	6,756.38	41.20	.049	78.56	2.00
CROSSOVERS/ALL OTH OUTPTNT	437	2,257	93,187.48	41.29	.668	213.24	27.59
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.000		.00
	•		.00			.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	30	457 \$	148,114.84	\$ 324.10	.135 \$	4937.16	\$ 43.86
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
	0						
LEV B-REHAB MD	•	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	113	64,874.91	574.11	.033	21624.97	19.21
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	28	344	83,239.93	241.98	.102	2972.85	24.65
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	Ö	0	.00	.00	.000	.00	.00
ICE DD	O	U	.00	.00	.000	.00	.00

ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	196	612	\$	108,859.18	\$	177.87	.181		\$	32.24
HOSPITAL BASED	0	0	•	24.58		.00	.000	.00	•	.01
HEMODIALYSIS CENTER	196	612		108,834.60		177.83	.181	555.28		32.23
@REHABILITATION FACILITY	7	44	\$	822.67	\$	18.70	.013	117.52	\$.24
HOSPITAL BASED	5	42	•	777.53	•	18.51	.012	155.51	•	.23
INDEPENDENT FACILITY	2	2		45.14		22.57	.001	22.57		.01
@LABORATORY FACILITY	38	282	\$	3,685.15	\$	13.07	.084		\$	1.09
PATHOLOGY	37	280	•	3,676.98		13.13	.083	99.38		1.09
XO AND OTHERS	1	2		8.17		4.09	.001	8.17		.00
@ORGANIZED OUTPATIENT CLINIC	169	360	\$	14,804.16	\$	41.12	.107		\$	4.38
CLINIC	10	37	•	78.46	•	2.12	.011	7.85	•	.02
CLID CT CONTEDD	1.7	2.0		2 242 16		115 00	0.00	040 47		.96
HEROIN DETOX CLINIC	1	8		111.49		13.94	.002	111.49		.03
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	146	287		11,371.05		39.62	.085	77.88		3.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT	r for Jan	2003 THRU DI	EC 2003	PI	AGE 2,948
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
FRESNO COUNTY			SUP	PORT - DISABLED		AID CODE	68			
							MOI	THLY AVERA	GE -	
3,377 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER	(COST PER
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE		OR DAYS OF CARE		EXPENDITURES 445,439.15 95,660.42 .00 2,452.09 118,279.01 6,213.14 107,552.38 4,513.49 356.84 15,216.20	PEI	R UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	845	225,642	\$	445,439.15	\$	1.97	66.817	527.15	\$	131.90
DURABLE MED. EQUIP.	76	257		95,660.42		372.22	.076	1258.69		28.33
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	3	6		2,452.09		408.68	.002	817.36		.73
MEDICAL TRANSPORTATION	237	47,212		118,279.01		2.51	13.980	499.07		35.02
AMBULANCES/AIR TRANS	44	432		6,213.14		14.38	.128	141.21		1.84
OTHER TRANS	135	45,868		107,552.38		2.34	13.582	796.68		31.85
OTHER SERVICES	74	912		4,513.49		4.95	.270	60.99		1.34
OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	12	45,868 912 22 217 0 7,340		356.84		16.22	.007	29.74		.11
ADULT DAY HEALTH CARE CTR	24	217		15,216.20		70.12	.064	634.01		4.51
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	49	7,340		145,859.90		19.87	2.174	2976.73		43.19
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	88	199		3,669.01		18.44	.059	41.69		1.09
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	35	77		3,564.62		46.29	.023	101.85		1.06
PROSTHETICS	35	77		3,564.62		46.29	.023	101.85		1.06
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	2	7,340 0 199 0 0 77 77 0 0 7 12 0 88 227 0 0		255.41		36.49	.002	127.71		.08
HOSPICE SERVICES	2	12		1,490.12		124.18	.004	745.06		.44
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	7	88		911.74		10.36	.026	130.25		.27
EPSDT SUPPLEMENTAL SERVICE	2	227		5,543.34		24.42	.067	2771.67		1.64
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00 52,180.45 233,412.58		.00	.000	.00		.00
ALL OTHER PROVIDERS	439	169,978		52,180.45		.31	50.334	118.86		15.45
@CALIF. CHILDREN SERVICES*	37	5,685	Ş	233,412.58	\$	41.06	1.683	6308.45	\$	69.12
ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**	1,339	31,920	\$	323,419.89	\$	10.13	9.452	241.54	\$	95.77
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION I	TEM	ONLY;						
THE AMOUNTS ARE ALREADY IN				S ABOVE.						
** THESE DATA ARE INCLUDED										
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT R	EPOR:	r for Jan :	2003 THRU DI	EC 2003	P	
MOP024	FEE-FOR-SERVICE	'								01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUP	PORT - TOTAL						
							MOI	TTHIV AMEDA	CF -	

⁻⁻⁻⁻⁻ MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 12,481 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	11,011	1,348,217	Ġ	7,566,224.74	\$	5.61	108.022	\$	687.15	\$	606.22
@PHYSICIANS SERVICES	2,542	12,156	S	156,046.91	\$	12.84	.974		61.39	\$	12.50
OUTPATIENT VISITS	180	268	т	9,290.20	т	34.66	.021	т.	51.61	т.	.74
OFFICE VISITS	105	159		4,743.81		29.84	.013		45.18		.38
HOME VISITS	1	1		25.20		25.20	.000		25.20		.00
EMERGENCY ROOM	40	46		2,970.94		64.59	.004		74.27		.24
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	52	62		1,550.25		25.00	.005		29.81		.12
INPATIENT VISITS	32	162		7,022.90		43.35	.013		219.47		.56
HOSPITAL VISITS	31	158		6,536.50		41.37	.013		210.85		.52
CRITICAL CARE	3	4		486.40		121.60	.000		162.13		.04
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	23	25		686.13		27.45	.002		29.83		.05
EXAMINATIONS	23	25		686.13		27.45	.002		29.83		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	20	62		8,457.15		136.41	.005		422.86		.68
PRINCIPAL SURGEON	18	39		7,570.67		194.12	.003		420.59		.61
ASSISTANT SURGEON	2	2		346.10		173.05	.000		173.05		.03
ANESTHESIOLOGIST	3	21		540.38		25.73	.002		180.13		.04
OUTPATIENT SURGERY	17 12	61 13		3,017.95		49.47	.005		177.53		.24
PRINCIPAL SURGEON ASSISTANT SURGEON	1	13		2,019.78 63.29		155.37 63.29	.001		168.32 63.29		.16 .01
ANESTHESIOLOGIST	6	47		934.88		19.89	.004		155.81		.07
DIALYSIS	5	38		1,890.72		49.76	.004		378.14		.15
PATHOLOGY	26	84		1,198.87		14.27	.003		46.11		.10
RADIOLOGY	81	181		6,400.99		35.36	.015		79.02		.51
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	12	15		292.58		19.51	.001		24.38		.02
OTHER SERVICES/ALL X-OVERS	2,324	11,260		117,789.42		10.46	.902		50.68		9.44
@PHARMACY	9,651	· · · · · · · · · · · · · · · · · · ·	\$	3,745,218.16	\$	5.93	50.574	Ś	388.07	Ġ	300.07
PRESCRIPTION DRUGS	9,311	47,083	т	3,469,469.07	т	73.69	3.772	т.	372.62	т.	277.98
SNF/ICF	263	1,893		103,771.05		54.82	.152		394.57		8.31
OUTPATIENTS	9,090	45,190		3,365,698.02		74.48	3.621		370.26		269.67
MEDICAL SUPPLIES	2,487	584,130		275,749.09		.47	46.802		110.88		22.09
@DENTIST	663	2,995	\$	113,323.35	\$	37.84	.240	\$	170.93	\$	9.08
VISITS - DIAGNOSTIC	425	1,801		18,379.70		10.21	.144		43.25		1.47
ORAL SURGERY	103	293		17,518.00		59.79	.023		170.08		1.40
DRUGS	1	1		15.00		15.00	.000		15.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.01
PERIODONTICS	64	70		7,698.65		109.98	.006		120.29		.62
ENDODONTICS	20	25		5,330.00		213.20	.002		266.50		.43
RESTORATIVE DENTISTRY	142	356		26,153.00		73.46	.029		184.18		2.10
PROSTHETICS	9	9		230.00		25.56	.001		25.56		.02
DENTURES, STAYPLATES SPACE MAINTAINERS	142 0	422 0		37,899.00		89.81 .00	.034		266.89 .00		3.04
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES		17									.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE:									AGE 2,950
MOP024	FEE-FOR-SERVICE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2000 111110		2005		01/29/04
FRESNO COUNTY		VICES FOR IN HOME S	SUPI	PORT - TOTAL							,,
							M	ONT	HLY AVERA	GE -	
12,481 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	T UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE					Y PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	192		\$	9,226.65	\$	18.79	.039	\$	48.06	\$.74
DIAGNOSTIC AND ANC. PROCED	50	50		1,818.34		36.37	.004		36.37		.15
EYE APPLIANCES	135	379		6,499.65		17.15	.030		48.15		.52
OTHER OPTOMETRIC SERVICES	38	62		908.66		14.66	.005		23.91		.07

@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.000	\$ 25.08	\$.00
VISITS	1	1	16.72	16.72	.000	16.72	.00
OTHER SERVICES	2	2	33.44	16.72	.000	16.72	.00
@PODIATRIST	336	482	\$ 4,916.61	\$ 10.20	.039	\$ 14.63	\$.39
MEDICINE/INJECTIONS	16	17	419.10	24.65	.001	26.19	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	320	463	4,462.91	9.64	.037	13.95	.36
@HOME HEALTH AGENCY	23	7,634	\$ 225,899.84	\$ 29.59	.612	\$ 9821.73	\$ 18.10
NURSE ANESTHESIST	3	11	\$ 59.07	\$ 5.37	.001	\$ 19.69	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	11	\$ 167.28	\$ 15.21	.001	\$ 23.90	\$.01
@TOTAL HOSPITAL	1,421	6,506	\$ 492,247.75	\$ 75.66	.521	\$ 346.41	\$ 39.44
HOSP INPATIENT TOTAL	186	991	314,338.73	317.19	.079	1689.99	25.19
HSC HOSPITALS	17	157	178,371.25	1136.12	.013	10492.43	14.29

NON-HSC HOSPITAL TOTAL	∠	11	4,530.57	412.42	.001	2200.29	. 30
ACCOMMODATIONS	2	11	2,544.30	231.30	.001	1272.15	.20
ADMINISTRATIVE DAYS	2	11	2,544.30	231.30	.001	1272.15	.20
TRANSITIONAL IP CARE	0	0			.000	.00	
		0	.00	.00			.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	1,992.27	.00	.000	996.14	.16
INPATIENT CROSSOVERS	168	823	131,430.91	159.70	.066	782.33	10.53
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,320	5,515	177,909.02	32.26	.442	134.78	14.25
MEDICAL	47	79	4,499.80	56.96	.006	95.74	.36
SURGERY	11	12	525.39	43.78	.001	47.76	.04
PATHOLOGY	55	265	3,047.40	11.50	.021	55.41	.24
RADIOLOGY	41	55		72.13	.004	96.75	.32
			3,966.90				
ROOM USE	93	171	6,962.06	40.71	.014	74.86	.56
CROSSOVERS/ALL OTH OUTPTNT	1,244	4,933	158,907.47	32.21	.395	127.74	12.73
@COUNTY HOSPITAL TOTAL	2	10 \$		\$ 1.69	.001	8.46	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0						
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
		0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	10					
CO HOSP OUTPATIENT TOTAL	∠		16.91	1.69	.001	8.46	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	U	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	10	16.91	1.69	.001	8.46	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES 1	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DI	EC 2003	PAGE 2,951
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
		ICES FOR IN HOME SU	דעהטם – הטטעו				01, 23, 01
FRESHO COUNTI	SUMMARI OF SERV	ICES FOR IN HOME SU.	PPORT - TOTAL		1401		G T
					MOI		
12,481 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,420	6,496 \$	492,230.84	\$ 75.77			\$ 39.44
						1689.99	
COMM HOSP INPATIENT TOTAL	186	991	314,338.73		.079		25.19
HSC HOSPITALS	17	157	178,371.25	1136.12	.013	10492.43	14.29
NON-HSC HOSPITALS TOTAL	2	11	4,536.57	412.42 231.30	.001	2268.29	.36
ACCOMMODATIONS	2	11	2,544.30	231.30	.001	1272.15	.20
ADMINISTRATIVE DAYS	2 2 0 0 2	11	2,544.30	231.30	.001	1272.15	.20
	2						
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	1,992.27	.00	.000	996.14	.16
INPATIENT CROSSOVERS	168	823	131,430.91	159.70	.066	782.33	10.53
	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT							
COMM HOSP OUTPATIENT TOTAL	1,319	5,505	177,892.11	32.31	.441	134.87	14.25
MEDICAL	47	79	4,499.80	56.96	.006	95.74	.36
GIID GEDII	11	12	525.39	43.78	.001	47.76	.04
SURGERY							
SURGERY PATHOLOGY		265	2 N47 4N	11 50	N 2 1	55 <i>4</i> 1	24
PATHOLOGY	55	265	3,047.40	11.50	.021	55.41	. 24
PATHOLOGY RADIOLOGY	55 41	55	3,966.90	72.13	.004	96.75	.32
PATHOLOGY	55 41 93	55 171	3,966.90 6,962.06		.004 .014	96.75 74.86	.32 .56
PATHOLOGY RADIOLOGY ROOM USE	55 41 93	55 171	3,966.90 6,962.06	72.13	.004 .014	96.75 74.86	.32 .56
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	55 41 93 1,243	55 171 4,923	3,966.90 6,962.06 158,890.56	72.13 40.71 32.28	.004 .014 .394	96.75 74.86 127.83	.32 .56 12.73
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	55 41 93 1,243 0	55 171 4,923 0 \$	3,966.90 6,962.06 158,890.56 .00	72.13 40.71 32.28 \$.00	.004 .014 .394 .000	96.75 74.86 127.83	.32 .56 12.73 \$.00
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	55 41 93 1,243	55 171 4,923	3,966.90 6,962.06 158,890.56	72.13 40.71 32.28	.004 .014 .394	96.75 74.86 127.83	.32 .56 12.73

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NON-HSC HOSPITAL TOTAL

DEVELOP. DISABLED

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4,536.57 412.42

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.00

@NURSING FACILITY	470	10,625	\$	1,401,487.98	\$	131.90	.851	\$	2981.89	\$	112.29
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	113		64,874.91		574.11	.009		21624.97		5.20
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	468	10,512		1,336,613.07		127.15	.842		2856.01		107.09
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	329	769	\$	185,961.87	\$	241.82	.062	\$	565.23	\$	14.90
HOSPITAL BASED	0	0		24.58		.00	.000		.00		.00
HEMODIALYSIS CENTER	329	769		185,937.29		241.79	.062		565.16		14.90
@REHABILITATION FACILITY	7	44	\$	822.67	\$	18.70	.004	\$	117.52	\$.07
HOSPITAL BASED	5	42		777.53		18.51	.003		155.51		.06
INDEPENDENT FACILITY	2	2		45.14		22.57	.000		22.57		.00
@LABORATORY FACILITY	55	374	\$	4,720.56	\$	12.62	.030	\$	85.83	\$.38
PATHOLOGY	49	362		4,659.21		12.87	.029		95.09		.37
XO AND OTHERS	6	12		61.35		5.11	.001		10.23		.00
@ORGANIZED OUTPATIENT CLINIC	516	958	\$	34,130.95		35.63	.077	\$	66.15	\$	2.73
CLINIC	11	43		103.02		2.40	.003		9.37		.01
SURGICENTER	19	34		3,969.31		116.74	.003		208.91		.32
HEROIN DETOX CLINIC	1	8		111.49		13.94	.001		111.49		.01
RURAL HEALTH CLINIC	487	873		29,947.13		34.30	.070		61.49		2.40
	MEDI-CAL SERVICES AND		IRES I	MONTH-OF-PAYMENT I	REPORT	' FOR JAN	2003 THRU	DEC	2003	P.	AGE 2,952
	FEE-FOR-SERVICE/DENTA										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES F	OR IN HOM	ie sui	PPORT - TOTAL							
								-	THLY AVERA	_	
10 401 DITATRIDA	TIGED G INTERG										COCH DED

12,481 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CAR	C		PER UNIT/DAY		USER		LIGIBLE
@ALL OTHER PROVIDERS	3,300	673,945	\$	1,191,944.93	\$ 1.77	53.998		\$	95.50
DURABLE MED. EQUIP.	131	385		128,937.01	334.90	.031	984.25		10.33
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	50	64		26,426.82	412.92	.005	528.54		2.12
MEDICAL TRANSPORTATION	696	89,452		238,614.99	2.67	7.167	342.84		19.12
AMBULANCES/AIR TRANS	140	1,493		20,757.62	13.90	.120	148.27		1.66
OTHER TRANS	407	85,697		207,140.45	2.42	6.866	508.94		16.60
OTHER SERVICES	199	2,262		10,716.92	4.74	.181	53.85		.86
ACUPUNCTURE	13	24		400.09	16.67	.002	30.78		.03
ADULT DAY HEALTH CARE CTR	268	3,739		259,439.33	69.39	.300	968.06		20.79
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	584	9,116		302,376.65	33.17	.730	517.77		24.23
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	289	664		10,226.26	15.40	.053	35.38		.82
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	5	18		11.31	.63	.001	2.26		.00
PROSTHETIST/ORTHOTISTS	75	175		5,678.75	32.45	.014	75.72		.45
PROSTHETICS	75	175		5,678.75	32.45	.014	75.72		.45
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	67	124		8,602.87	69.38	.010	128.40		.69
HOSPICE SERVICES	16	262		28,396.80	108.38	.021	1774.80		2.28
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	8	91		940.45	10.33	.007	117.56		.08
EPSDT SUPPLEMENTAL SERVICE	2	227		5,543.34	24.42	.018	2771.67		.44
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	1,669	569,604		176,350.26	.31	45.638	105.66		14.13
@CALIF. CHILDREN SERVICES*	38	5,686	\$	233,465.93	\$ 41.06	.456	\$ 6143.84	\$	18.71

@XOVER EXCLUDING STATE HOSP** 4,576 106,129 \$ 930,357.35 \$ 8.77 8.503 \$ 203.31 \$ 74.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,953 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

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FRESNO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					MO	NTHLY AVERA	GE
121,974 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	91,592 19,936 1,009 932 0 79	5,600,118 \$	42,086,041.18	\$ 7.52	45.912	\$ 459.49	\$ 345.04
@PHYSICIANS SERVICES	19,936	103,631 \$	1,181,602.90	\$ 11.40	.850	\$ 459.49 \$ 59.27 48.14 43.94 .00 89.71 .00 .00 19.91	\$ 9.69
OUTPATIENT VISITS	1,009	1,504			.012	48.14	.40
OFFICE VISITS	932	1,386	40,949.12	32.30 29.54	.011	43.94	.34
HOME VISITS	0	Λ	0.0	.00	.000	.00	.00
EMERGENCY ROOM	79	0 90	.00 7,086.71	78.74	.001	89.71	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0 27 54 50	90 0 0 28 185 164 18 3 197 196 1	.00	.00	.000	.00	.00
OTHER OUTPATIENT	27	28	537.48	19.20	.000	19.91	.00
INPATIENT VISITS	54	185	.00 537.48 9,840.27	53.19	.002	19.91 182.23 160.24 272.89 95.55	.08
HOSPITAL VISITS	50	164	8,011.85	48.85 90.96 63.70 29.46 29.50 20.00 105.07 160.47 208.39 26.39 106.25 172.65	.001	160.24	.07
CIVIIICAL CAILE	6	18	1,637.32	90.96	.000	272.89	.01
SNF/ICF/TRANS IP CARE	2 189	3	191.10	63.70	.000	95.55	.00
OPHTHALMOLOGICAL SERVICES	189	197	5,802.86	29.46	.002	30.70	.05
EXAMINATIONS	188	196	5,782.86	29.50	.002	30.76	.05
SERVICES AND MATERIALS		1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1 29	186	19,542.53	105.07	.002	673.88	.16
PRINCIPAL SURGEON	22	101	16,207.20	160.47	.001	736.69	.13
ASSISTANT SURGEON	5	6	1 250 26	208.39	.000	250.07	.01
ANESTHESIOLOGIST	5 8	6 79	2,084.97	26.39	.001	260.62	.02
OUTPATIENT SURGERY	8 113 104	233	24,755.95	106.25	.002	219.08	.20
PRINCIPAL SURGEON	104	135	23,307.59	172.65	.001	224.11	.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	98	1,448.36	14.78	.001	131.67	.01
DIALYSIS	0	79 233 135 0 98 0 741 546	.00 5,976.90 22,172.86	.00	.000	.00	.00
PATHOLOGY	2.4.4	741	5.976.90	8.07	.006	17.37	.05
RADIOLOGY	285	546	22.172.86	40.61	.004	77.80	.18
DSYCHTATRY	()			.00	.000	.00	.00
IMMUNIZATION AND INJECTION	113 18,808 79,794	665 99,374		22.30	.005	131.25	.12
OTHER SERVICES/ALL X-OVERS	18.808	99.374	14,830.74 1,030,107.48 22,077,334,03	10.37	.815	54.77	8.45
@PHARMACY	79.794	2,478,243 \$	22,077,334.03	\$ 8.91	20.318		
PRESCRIPTION DRUGS	77,860	2,478,243 \$ 323,851	20,788,845.64	64.19	2.655	267.00	170.44
SNF/ICF	1.999	11,440	603,118.53		.094	301.71	4.94
OUTPATIENTS	76.044	312,411	20,185,727.11	64.61	2.561	265.45	165.49
MEDICAL SUPPLIES	13.740	2,154,392	1,288,488.39	52.72 64.61 .60	17.663	93.78	10.56
@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	5,987	26,828 \$	1,252,385.66	\$ 46.68	.220		
VISITS - DIAGNOSTIC	3,500	14,918	155.764.95	10.44	.122	44.50	1.28
ORAL SURGERY	1,002	3,146	155,764.95 162,928.24	51.79	.026	162.60	1.34
DRUGS	-,	7	an nn	12.86	.000	15.00	.00
ANESTHESTA	9	10	90.00 1,000.00 73,433.75 71,137.00 303,032.75	100.00	.000	111.11	.01
PERIODONTICS	580	10 609 333 3,748	73.433.75	120.58	.005	126.61	.60
ENDODONTICS	580 244	333	71.137.00	213.62	.003	291.55	.58
RESTORATIVE DENTILSTRY	1.380	333	303.032.75	80.85	.031	219.59	2.48
PROSTHETICS	54	59	1,789.80	30.34	.000	33.14	.01
DENTURES, STAYPLATES	1.556	59 3,908	482,061.15	123.35	.032	309.81	3.95
SPACE MAINTAINERS	2,330	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	Ö	0.0	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	3	1,148.02	382.67	.000	1148.02	.01
ORTHODONTIC SERVICES	54 1,556 0 0 1	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	103	87	.00	.00	.001	.00	.00
0-11-11 0-11 1-10	100	0 /	. 3 0		.001		• • • •

PAGE 2,954 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

FRESHO COUNTY	SUMMARY OF SERVIC	ES FOR PUBLIC A	22121	ANCE - AGED		MON	miii 17 - 31700 3	aп	
101 074 FLIGTRING	Harba	NITHS OF SERVICE			ATTERNACE COCE	MON			
121,974 ELIGIBLES		NITS OF SERVICE		EXPENDITURES	AVERAGE COST				OST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		LIGIBLE
@OPTOMETRIST	2,644		\$	133,133.19	\$ 19.50	.056 \$		\$	1.09
DIAGNOSTIC AND ANC. PROCED	537	537		21,501.23	40.04	.004	40.04		.18
EYE APPLIANCES	1,776	5,096		89,545.38	17.57	.042	50.42		.73
OTHER OPTOMETRIC SERVICES	799	1,195		22,086.58	18.48	.010	27.64		.18
@CHIROPRACTOR	65		\$	1,828.34	\$ 12.97	.001 \$		Ġ	.01
VISITS	19	48		794.20	16.55	.000	41.80	•	.01
OTHER SERVICES	50	93		1,034.14	11.12	.001	20.68		.01
@PODIATRIST	1 760		\$	29,557.72	\$ 11.47	.021 \$		Ġ	.24
MEDICINE / INTECRIONS	1,700	17	Ų	577.00	33.94	.000	36.06	Ą	.00
MEDICINE/INDECTIONS	10	1 / 5							
SURGERI/ANES.	4			71.00	14.20	.000	17.75		.00
RADIO./PATHOLOGY		2		34.60	17.30	.000	17.30		.00
OTHER	1,746	2,553		28,875.12	11.31	.021	16.54		.24
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDDIANTIC NURSE DEACTITIONED	5	95	\$	6,274.52	\$ 66.05	.001 \$.05
NURSE ANESTHESIST	52	195	\$	1,509.13	\$ 7.74	.002 \$	29.02	\$.01
NURSE MIDWIFE	0	0 9	\$.00	\$.00	.000 \$.00	\$.00
	8	9	\$	415.33	\$ 46.15	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	110 9,290	0 9 264 35,334	S	3,895.67	\$ 14.76	.002 \$		\$.03
@TOTAL HOSPITAL	9.290	35.334	S	4,912,061.01	\$ 139.02	.290 \$			40.27
HOSP INPATIENT TOTAL	1 363	7,487	τ	4,136,562.85	552.50	.061	3034.90	Ψ	33.91
HSC HOSPITALS	515	3,319		3,216,667.32	969.17	.027	6245.96		26.37
NON-HSC HOSPITAL TOTAL	515	3,319			967.47	.003	5049.00		2.65
NON-HSC HOSPITAL TOTAL	64			323,136.06					
ACCOMMODATIONS	64	334		111,586.15	334.09	.003	1743.53		.91
ADMINISTRATIVE DAYS	28	145		29,742.30	205.12	.001	1062.23		. 24
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	9,290 1,363 515 64 64 28 0 36 64 807 0 8,548	189		81,843.85	433.04	.002	2273.44		.67
ANCILLARIES	64	0		211,549.91	.00	.000	3305.47		1.73
INPATIENT CROSSOVERS	807	3,834		596,759.47	155.65	.031	739.48		4.89
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	8,548	27,847		775,498.16	27.85	.228	90.72		6.36
MEDICAL SURGERY PATHOLOGY RADIOLOGY	98	149		10,777.04	72.33	.001	109.97		.09
SURGERY	21	21		1,266.48	60.31	.000	60.31		.01
PATHOLOGY	101	361		4,222.58	11.70	.003	41.81		.03
RADIOLOGY	115	225		20,685.93	91.94	.002	179.88		.17
ROOM USE	122	164		7,610.61	46.41	.001	62.38		.06
CROSSOVERS/ALL OTH OUTPTNT	8,344	26,927		730,935.52	27.15	.221	87.60		5.99
	0,344	20,927	4					4	
@COUNTY HOSPITAL TOTAL			\$	10,843.62	\$ 208.53	.000 \$		Ş	.09
CO HOSPITAL INPATIENT TOTAL	3	7		7,682.16	1097.45	.000	2560.72		.06
HSC HOSPITALS	3	7		7,682.16	1097.45	.000	2560.72		.06
NON-HSC HOSPITALS TOTAL	0	0 0 0 0 0 0 0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	Ō		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	16	45		3,161.46	70.25	.000	197.59		.03
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
	ŭ	0							
PATHOLOGY	0	U		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		45		3,161.46	70.25	.000	197.59		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MON'	TH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DE	C 2003	PAC	GE 2,955

					MON	NTHLY AVERA	GE
121,974 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,276	35,282	\$ 4,901,217.39	\$ 138.92	.289	528.38	\$ 40.18
COMM HOSP INPATIENT TOTAL	1,360	7,480	4,128,880.69	551.99	.061	3035.94	33.85
HSC HOSPITALS	512	3,312	3,208,985.16	968.90	.027	6267.55	26.31
NON-HSC HOSPITALS TOTAL	64	334	323,136.06	967.47	.003	5049.00	2.65
ACCOMMODATIONS	64	334	111,586.15	334.09	.003	1743.53	.91
ADMINISTRATIVE DAYS	28	145	29,742.30	205.12	.001	1062.23	. 24
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	189	81,843.85	433.04	.002	2273.44	.67
ANCILLARIES	64	0	211,549.91	.00	.000	3305.47	1.73
INPATIENT CROSSOVERS	807	3,834	596,759.47	155.65	.031	739.48	4.89
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	8,534	27,802		772,336.70		27.78	.228		90.50		6.33
MEDICAL	98	149		10,777.04		72.33	.001		109.97		.09
SURGERY	21	21		1,266.48		60.31	.000		60.31		.01
PATHOLOGY	101	361		4,222.58		11.70	.003		41.81		.03
RADIOLOGY	115	225		20,685.93		91.94	.002		179.88		.17
ROOM USE	122	164		7,610.61		46.41	.001		62.38		.06
CROSSOVERS/ALL OTH OUTPTNT	8,330	26,882		727,774.06		27.07	.220		87.37		5.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0 0 0 2,260	0		.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,260	54,482	\$	7,260,363.06	\$	133.26	.447	\$	3212.55	\$	59.52
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	11	380		141,255.21		371.72	.003		12841.38		1.16
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0 2,249	0 54,102		.00		.00	.000		.00		.00
LEV B-REGULAR	2,249	54,102		7,119,107.85		131.59	.444		3165.45		58.37
@INTERMEDIATE CARE FACILDD	1	39	\$	7,128.81	\$	182.79	.000	\$	7128.81	\$.06
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	39		7,128.81		182.79	.000		7128.81		.06
@HEMODIALYSIS TOTAL	783	991	\$	423,807.18	\$	427.66	.008	\$	541.26	\$	3.47
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	783	991		423,807.18		427.66	.008		541.26		3.47
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	1	2	\$	78.75	\$	39.38	.000	\$	78.75	\$.00
HOSPITAL BASED	1	2		78.75		39.38	.000		78.75		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	268	1,825	\$	14,407.53	\$	7.89	.015	\$	53.76	\$.12
PATHOLOGY	231	1,738		13,888.49		7.99	.014		60.12		.11
XO AND OTHERS	37	87		519.04		5.97	.001		14.03		.00
@ORGANIZED OUTPATIENT CLINIC	8,104	14,085	\$	464,574.69	\$.115	\$	57.33	\$	3.81
CLINIC	80	472		7,166.28		15.18	.004		89.58		.06
SURGICENTER	188	278		33,128.98		119.17	.002		176.22		.27
HEROIN DETOX CLINIC	9	113		1,309.96		11.59	.001		145.55		.01
RURAL HEALTH CLINIC	7,848	13,222		422,969.47		31.99	.108		53.90		3.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES	MONTH-OF-PAYMENT RI	EPOR:	r for jan 2	2003 THRU	DEC	2003	PΙ	AGE 2,956
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERV	TICES FOR PUBLIC	ASS	ISTANCE - AGED							
									THLY AVERA		
121,974 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR	Ξ.			R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	17,537	2,874,549	\$	4,315,683.66	\$	1.50	23.567	\$	246.09	\$	35.38

					11011		
121,974 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17,537	2,874,549 \$	4,315,683.66	\$ 1.50	23.567 \$	246.09	\$ 35.38
DURABLE MED. EQUIP.	389	947	142,486.25	150.46	.008	366.29	1.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	324	372	169,514.26	455.68	.003	523.19	1.39
MEDICAL TRANSPORTATION	2,225	178,589	543,467.91	3.04	1.464	244.26	4.46
AMBULANCES/AIR TRANS	449	4,565	65,652.80	14.38	.037	146.22	.54
OTHER TRANS	1,155	166,567	441,041.74	2.65	1.366	381.85	3.62
OTHER SERVICES	764	7,457	36,773.37	4.93	.061	48.13	.30
ACUPUNCTURE	73	162	3,070.85	18.96	.001	42.07	.03
ADULT DAY HEALTH CARE CTR	1,796	27,249	1,890,078.60	69.36	.223	1052.38	15.50
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1,793	6,836	528,129.70	77.26	.056	294.55	4.33
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3,372	7,766	105,994.29	13.65	.064	31.43	.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	47	123	244.33	1.99	.001	5.20	.00
PROSTHETIST/ORTHOTISTS	414	895	26,586.52	29.71	.007	64.22	.22
PROSTHETICS	411	892	26,385.92	29.58	.007	64.20	.22
ORTHOTICS	3	3	200.60	66.87	.000	66.87	.00

PSYCHOLOGIST	2	6	75.50	12.58	.000	37.75	.00
SPEECH AND AUDIOLOGY	569	1,050	74,245.19	70.71	.009	130.48	.61
HOSPICE SERVICES	45	807	93,962.05	116.43	.007	2088.05	.77
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	13	126.90	9.76	.000	25.38	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8,874	2,649,734	737,701.31	.28	21.724	83.13	6.05
@CALIF. CHILDREN SERVICES*	11	20	\$ 1,695.41	\$ 84.77	.000	\$ 154.13	\$.01
@XOVER EXCLUDING STATE HOSP**	33,110	458,184	\$ 4,365,558.20	\$ 9.53	3.756	\$ 131.85	\$ 35.79

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,957

01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

FRESNO COUNTY	SUMMARI OF SER	VICES FOR PUBLIC A	POT	STANCE - BLIND		140		aп	
0.064 FLIGTBLEG	Hanna	IBITES OF SERVICE			317ED 3 CE COCE		NTHLY AVERA	_	
9,264 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
OFFICE ALL PROLITERS	F 400	OR DAYS OF CARE		F F06 066 46	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	7,429		\$	5,726,266.46	\$ 8.08	76.532	\$ //0.80	Ş	618.12
@PHYSICIANS SERVICES	2,707		\$		\$ 17.16	2.008		Ş	34.46
OUTPATIENT VISITS	1,304	2,033		68,480.85	33.68	.219	52.52		7.39
OFFICE VISIIS	1,004	1,454		42,929.02	33.68 29.52 34.30	.219 .157 .000	42.76		4.63
HOME VISITS	1	1			34.30	.000	34.30		.00
EMERGENCY ROOM	187	230		15,112.62	65.71	.025	80.82		1.63
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	24	81		2,600.09	32.10	.009	108.34		.28
OTHER OUTPATIENT	205	267		7,804.82	29.23	.029	38.07		.84
INPATIENT VISITS	133	628		30,691.54	48.87	.068	230.76		3.31
HOSPITAL VISITS	109	557		25,265.54	45.36	.060	231.79		2.73
CRITICAL CARE	10	35		4,256.50	121.61	.004	425.65		.46
SNF/ICF/TRANS IP CARE	23	36		1,169.50	32.49	.004	50.85		.13
OPHTHALMOLOGICAL SERVICES	137	168		7,024.89	41.81	.018	51.28		.76
EXAMINATIONS	137	168		7,024.89	41.81	.018	51.28		.76
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	61	199		22,549.85	113.32	.021	369.67		2.43
PRINCIPAL SURGEON	52	83		19,264.56	232.10	.009	370.47		2.08
ASSISTANT SURGEON	3	3		307.64	102.55	.000	102.55		.03
ANESTHESIOLOGIST	12	113		2,977.65	26.35	.012	248.14		.32
OUTPATIENT SURGERY	143	488		45,754.96	93.76	.053	319.96		4.94
PRINCIPAL SURGEON	129	172		41,460.02	241.05	.019	321.40		4.48
ASSISTANT SURGEON	2	2		446.76	223.38	.000	223.38		.05
ANESTHESIOLOGIST	22	314		3,848.18	12.26	.034	174.92		.42
DIALYSIS	54	248		17,305.79	69.78	.027	320.48		1.87
PATHOLOGY	313	695		8,714.32	12.54	.075	27.84		.94
RADIOLOGY	361	715		28,912.62	40.44	.077	80.09		3.12
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	85	356			10.22	.038	42.81		.39
OTHER SERVICES/ALL X-OVERS	1,317	13,073		86,157.19	6.59	1.411	65.42		9.30
@PHARMACY	5,980	259,622	\$	2,312,337.20	6.59 \$ 8.91	28.025		Ś	249.60
PRESCRIPTION DRUGS	5,797	27,597	т	2,119,723.33	76.81	2.979	365.66	т.	228.81
SNF/ICF	135	958		58,216.36	60.77	.103	431.23		6.28
OUTPATIENTS	5,679	26,639		2,061,506.97	60.77 77.39 .83	2.876	363.01		222.53
MEDICAL SUPPLIES	1,466	232,025		192,613.87	. 83	25.046	131.39		20.79
@DENTIST	543		\$	108,231.81	\$ 39.59	.295		Ś	11.68
VISITS - DIAGNOSTIC	543 376	1,686	۲	18,852.55	11.18	.182	50.14	٧	2.04
ORAL SURGERY	89	248		12,065.93	48.65	.027	135.57		1.30
DRUGS	2	3		.00	.00	.000	.00		.00
ANESTHESIA	3	3		200.00	66.67	.000	66.67		.02
12.201110111	3	3		200.00	00.07		00.07		

PERIODONTICS	72	80	10,349.00	129.36	.009	143.74	1	.12
ENDODONTICS	24	32	7,626.00	238.31	.003	317.75		.82
RESTORATIVE DENTISTRY	151	467	38,554.10	82.56	.050	255.33	4	.16
PROSTHETICS	5	6	445.00	74.17	.001	89.00		.05
DENTURES, STAYPLATES	64	194	19,817.00	102.15	.021	309.64	2	.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	3	3	322.23	107.41	.000	107.41		.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	11	12	.00	.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES M	IONTH-OF-PAYMENT REPOR	T FOR JAN	2003 THRU DEC	2003	PAGE :	2,958
MOP024	FEE-FOR-SERVICE/DENT	AL					01/:	29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSI	STANCE - BLIND					
					MONT	HLY AVERAC	3E	

FRESNO COUNTY		VICES FOR PUBLIC ASS			***************************************		_
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL LSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	Hanna	INITES OF SERVICE		ALTERACE COCE	MONT		
9,264 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	132	OR DAYS OF CARE		PER UNIT/DAY		USER	
@OPTOMETRIST	132	331 \$	10,968.41	\$ 33.14	.036 \$		
DIAGNOSTIC AND ANC. PROCED	68	74	3,393.65 7,286.99	45.86	.008	49.91	.37
EYE APPLIANCES	91	235	7,286.99	31.01	.025	80.08	.79
OTHER OPTOMETRIC SERVICES	13	22	287.77	13.08	.002	22.14	.03
@CHIROPRACTOR	32	74 \$	1,228.92	\$ 16.61	.008 \$	38.40	5 .13
VISITS	32	74	1,228.92	16.61	.008	38.40	.13
OTHER SERVICES	0	0	1,228.92 .00	.00	.000	.00	.00
@PODTATRIST	183	256 S	4,578.93	\$ 17.89	.028 \$		
MEDICINE / INTECTIONS	66	75	1 848 84	24 65	.008		.20
CIDCEDY / NEC	0	, 5	1,040.04	24.65 .00	.000	.00	.00
DADIO (DATUOLOGY	0	0	24.60	17.30	.000	17.30	.00
RADIO./PAIHOLOGI	100	170	34.60 2,695.49	17.30			
OTHER	123	1/9	2,695.49	15.06	.019	21.91	.29
@HOME HEALTH AGENCY	41	175 \$	12,544.76	\$ 71.68	.019 \$	305.97	
NURSE ANESTHESIST	2	25 \$	219.74	\$ 8.79	.003 \$	109.87	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000 \$.00	
FAMILY NURSE PRACTITIONER	32	102 \$	1,324.40	\$ 12.98	.011 \$	41.39	
@TOTAL HOSPITAL	1,238	6,735 \$	1,043,291.66	\$ 154.91	.727 \$	842.72	112.62
HOSP INPATIENT TOTAL	167	980	874,221.77	892.06	.106	5234.86	94.37
HSC HOSPITALS	101	618	729,821.68	1180.94	.067	7225.96	78.78
NON-HSC HOSPITAL TOTAL	19	101	219.74 .00 .00 1,324.40 1,043,291.66 874,221.77 729,821.68 107.896.03	892.06 1180.94 1068.28	.011	5678.74	11.65
ACCOMMODATIONS	19	101	33 809 59	334.75 223.49	.011	1779.45	3.65
ADMINICTPATIVE DAVC	3	47	10 504 26	223 49	.005	3501.42	1.13
TRANSTITIONAL TO CARE	0	0	10,301.20	.00	.000	.00	.00
ALL OTHER ACCOM	16	- O	22 205 22	431.58	.006	1456.58	2.52
ALL OTHER ACCOM	10	54	23,303.33	431.30	.000	3899.29	8.00
ANCILLARIES	19	0	74,086.44	.00 139.86 .00			
INPATIENT CROSSOVERS	50	261	36,504.06	139.86	.028	730.08	3.94
ALL OTHER INPATTENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,162	5,755	169,069.89	29.38	.621	145.50	18.25
MEDICAL	184	354	13,638.49	38.53	.038	74.12	1.47
SURGERY	76	126	5,754.35	45.67	.014	75.72	.62
PATHOLOGY	328	1,550	169,069.89 13,638.49 5,754.35 19,708.30 30,805.84 32,140.40 67,022.51	12.72	.167	.00 145.50 74.12 75.72 60.09 144.63 67.10	2.13
RADIOLOGY	213	321	30,805.84	95.97	.035	144.63	3.33
ROOM USE	479	783	32,140.40	41.05	.085	67.10	3.47
CROSSOVERS/ALL OTH OUTPTNT	686	2,621	67,022.51	25.57	.283	97.70	7.23
@COUNTY HOSPITAL TOTAL	2	10 s	211.12	\$ 21.11	.001 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	00	.00	.000	.00	.00
HSC HOSPITALS	0	n	00	.00	.000	0.0	0.0
NON-HGC HOGDITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODALIAND DAMA	U	U	.00	.00		.00	.00
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ü	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ō	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	10	211.12	21.11	.001	105.56	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	47.59	9.52	.001	23.80	.01
RADIOLOGY	1	1	39.72	39.72	.000	39.72	.00
ROOM USE	2	2	85.87	42.94	.000	42.94	.01
CROSSOVERS/ALL OTH OUTPTNT	2	2	37.94	18.97	.000	18.97	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,959
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES F	OR PUBLIC ASSIS	TANCE - BLIND				
					MONTE	TT 37 A TTED A C	יתר

MOPUZ4	LEE-LOK-SEKATC	E/DENIAL VICES FOR PUBLIC A	ОСТ	CTANCE DI IND					01/29/0
FRESNO COUNTY	SUMMARI OF SER	VICES FOR PUBLIC F	422T	STANCE - BLIND		MOI	NTHLY AVERA	CF	
9,264 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	.GE	COST PER
5,201 HH101BH10	OBERD	OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,236	6,725	\$	1,043,080.54	\$ 155.10	.726			112.60
COMM HOSP INPATIENT TOTAL	167	980	•	874,221.77	892.06	.106	5234.86	•	94.37
HSC HOSPITALS	101	618		729,821.68	1180.94	.067	7225.96		78.78
NON-HSC HOSPITALS TOTAL	19	101		107,896.03	1068.28	.011	5678.74		11.65
ACCOMMODATIONS	19	101		33,809.59	334.75	.011	1779.45		3.65
ADMINISTRATIVE DAYS	3	47		10,504.26	223.49	.005	3501.42		1.13
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	16	54		23,305.33	431.58	.006	1456.58		2.52
ANCILLARIES	19	0		74,086.44	.00	.000	3899.29		8.00
INPATIENT CROSSOVERS	50	261		36,504.06	139.86	.028	730.08		3.94
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,160	5,745		168,858.77	29.39	.620	145.57		18.23
MEDICAL	184	354		13,638.49	38.53	.038	74.12		1.47
SURGERY	76	126		5,754.35	45.67	.014	75.72		.62
PATHOLOGY	326	1,545		19,660.71	12.73	.167	60.31		2.12
RADIOLOGY	212	320		30,766.12	96.14	.035	145.12		3.32
ROOM USE	477	781		32,054.53	41.04	.084	67.20		3.46
CROSSOVERS/ALL OTH OUTPTNT	684	2,619		66,984.57	25.58	.283	97.93		7.23
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0	•	.00	.00	.000	.00	•	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	136	3,506	\$	620,991.34	\$ 177.12		\$ 4566.11	\$	67.03
LEV A-INTERMEDIATE	0	0	•	.00	.00	.000	.00	•	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	9	398		230,059.63	578.04	.043	25562.18		24.83
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	127	3,108		390,931.71	125.78	.335	3078.20		42.20
@INTERMEDIATE CARE FACILDD	54	1,608	\$	257,199.75	\$ 159.95	.174	\$ 4762.96	\$	27.76
ICF DDH	35	1,087	•	162,127.99	149.15	.117	4632.23		17.50
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	19	521		95,071.76	182.48	.056	5003.78		10.26
@HEMODIALYSIS TOTAL	326	2,217	\$	242,958.29	\$ 109.59	.239	\$ 745.27	\$	26.23
HOSPITAL BASED	1	1		192.70	192.70	.000	192.70		.02
HEMODIALYSIS CENTER	326	2,216		242,765.59	109.55	.239	744.68		26.21
@REHABILITATION FACILITY	73	464	\$	8,073.65	\$ 17.40	.050	\$ 110.60	\$.87
HOSPITAL BASED	20	81		1,987.04	24.53	.009	99.35		.21
INDEPENDENT FACILITY	53	383		6,086.61	15.89	.041	114.84		.66
@LABORATORY FACILITY	277	1,894	\$	20,037.63	\$ 10.58	.204		\$	2.16
PATHOLOGY	277	1,894		20,037.63	10.58	.204	72.34		2.16
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	722	1,435	\$	79,114.48	\$ 55.13	.155		\$	8.54
CLINIC	43	224		5,571.42	24.87	.024	129.57		.60
SURGICENTER	28	128		8,447.46	66.00	.014	301.70		.91
HEROIN DETOX CLINIC	3	39		431.34	11.06	.004	143.78		.05

RURAL HEALTH CLINIC	656	1,044	64,664.2	61.94	.113	98.57	6.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,960
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC AS	SISTANCE - BLIND				
					MON	THLY AVERA	GE
9,264 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE:	S AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,639	409,216 \$	683,934.4	5 \$ 1.67	44.173 \$	417.29	\$ 73.83
DURABLE MED. EQUIP.	97	423	106,246.0	8 251.17	.046	1095.32	11.47
BLOOD BANK	0	0	.00	0 .00	.000	.00	.00
HEARING AID DISPENSERS	15	22	10,815.7	9 491.63	.002	721.05	1.17
MEDICAL TRANSPORTATION	450	54,872	183,595.2	9 3.35	5.923	407.99	19.82
AMBULANCES/AIR TRANS	162	1,380	21,560.1	0 15.62	.149	133.09	2.33
OTHER TRANS	245	52,914	159,170.5	5 3.01	5.712	649.68	17.18
OTHER SERVICES	59	578	2,864.6	4 4.96	.062	48.55	.31
ACUPUNCTURE	2	3	59.4	7 19.82	.000	29.74	.01

ADULT DAY HEALTH CARE CTR	160	2,409	166,919.56	69.29	.260	1043.25	18.02
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	84	225	22,651.92	100.68	.024	269.67	2.45
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	229	538	23,366.56	43.43	.058	102.04	2.52
PHYSICAL THERAPIST	1	7	325.27	46.47	7 .001	325.27	.04
PORTABLE X-RAY	7	21	102.35	4.87	7 .002	14.62	.01
PROSTHETIST/ORTHOTISTS	37	135	9,341.29	69.19	.015	252.47	1.01
PROSTHETICS	36	134	9,224.96	68.84	.014	256.25	1.00
ORTHOTICS	1	1	116.33	116.33	.000	116.33	.01
PSYCHOLOGIST	1	4	275.41	68.85	.000	275.41	.03
SPEECH AND AUDIOLOGY	42	91	7,243.19	79.60	.010	172.46	.78
HOSPICE SERVICES	2	1	133.62	133.62	.000	66.81	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	190	16,170	73,639.80	4.55	1.745	387.58	7.95
EPSDT SUPPLEMENTAL SERVICE	1	326	9,587.66	29.42	.035	9587.66	1.03
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	565	333,966	69,316.19	. 23	l 36.050	122.68	7.48
@CALIF. CHILDREN SERVICES*	351	30,309	\$ 441,843.66	\$ 14.58	3.272	\$ 1258.81	\$ 47.69
@XOVER EXCLUDING STATE HOSP**	1,703	35,854	\$ 379,627.26	\$ 10.59	3.870	\$ 222.92	\$ 40.98

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,961

MONIBULIA ALIBOAGE

01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					MO	NTHLY AVERA	GE
296,588 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	255,872		175,226,539.52	\$ 11.71	50.449	\$ 684.82	\$ 590.81
@PHYSICIANS SERVICES	89,463	459,257 \$	10,553,136.27	\$ 22.98	1.548	\$ 117.96	\$ 35.58
OUTPATIENT VISITS	53,789	83,395	2,830,689.62	33.94	.281	52.63	9.54
OFFICE VISITS	40,784	57,861	1,700,022.73	29.38	.195	41.68	5.73
HOME VISITS	353	466	19,156.94	41.11	.002	54.27	.06
EMERGENCY ROOM	9,332	12,200	749,036.35	61.40	.041	80.27	2.53
PREVENTIVE CARE	16	16	834.31	52.14	.000	52.14	.00
OB VISITS/COMPRE PERI	526	2,539	69,041.79	27.19	.009	131.26	.23
OTHER OUTPATIENT	7,828	10,313	292,597.50	28.37	.035	37.38	.99
INPATIENT VISITS	5,329	22,584	1,196,189.77	52.97	.076	224.47	4.03
HOSPITAL VISITS	4,026	17,972	824,691.69	45.89	.061	204.84	2.78
CRITICAL CARE	366	1,831	272,794.56	148.99	.006	745.34	.92
SNF/ICF/TRANS IP CARE	1,279	2,781	98,703.52	35.49	.009	77.17	.33
OPHTHALMOLOGICAL SERVICES	1,745	2,076	89,544.47	43.13	.007	51.31	.30
EXAMINATIONS	1,743	2,073	89,375.17	43.11	.007	51.28	.30
SERVICES AND MATERIALS	3	3	169.30	56.43	.000	56.43	.00
INPATIENT HOSPITAL SURGERY	2,002	10,425	1,030,720.78	98.87	.035	514.85	3.48
PRINCIPAL SURGEON	1,604	2,735	823,046.57	300.93	.009	513.12	2.78
ASSISTANT SURGEON	189	198	43,063.28	217.49	.001	227.85	.15
ANESTHESIOLOGIST	564	7,492	164,610.93	21.97	.025	291.86	.56
OUTPATIENT SURGERY	4,907	10,100	995,440.68	98.56	.034	202.86	3.36
PRINCIPAL SURGEON	4,438	5,755	894,414.69	155.42	.019	201.54	3.02
ASSISTANT SURGEON	25	25	2,848.35	113.93	.000	113.93	.01
ANESTHESIOLOGIST	683	4,320	98,177.64	22.73	.015	143.74	.33
DIALYSIS	530	2,031	154,802.08	76.22	.007	292.08	.52
PATHOLOGY	11,486	27,569	318,422.21	11.55	.093	27.72	1.07
RADIOLOGY	14,801	29,955	1,083,379.50	36.17	.101	73.20	3.65
PSYCHIATRY	26	34	911.86	26.82	.000	35.07	.00
IMMUNIZATION AND INJECTION	4,482	41,578	888,429.09	21.37	.140	198.22	3.00
OTHER SERVICES/ALL X-OVERS	33,285	229,510	1,964,606.21	8.56	.774	59.02	6.62

@PHARMACY	200,350	5,780,135	\$	76,389,928.88	\$	13.22	19.489	\$ 381.28	\$	257.56
PRESCRIPTION DRUGS	195,927	903,226		69,305,188.92		76.73	3.045	353.73		233.67
SNF/ICF	5,470	33,705		2,911,518.33		86.38	.114	532.27		9.82
OUTPATIENTS	191,018	869,521		66,393,670.59		76.36	2.932	347.58		223.86
MEDICAL SUPPLIES	31,245	4,876,909		7,084,739.96		1.45	16.443	226.75		23.89
@DENTIST	23,643	118,782	\$	4,606,560.91	\$	38.78	.400	\$ 194.84	\$	15.53
VISITS - DIAGNOSTIC	15,662	72,898		810,382.31		11.12	.246	51.74		2.73
ORAL SURGERY	3,686	10,432		592,118.20		56.76	.035	160.64		2.00
DRUGS	182	382		6,339.50		16.60	.001	34.83		.02
ANESTHESIA	162	164		15,350.00		93.60	.001	94.75		.05
PERIODONTICS	3,163	3,414		412,223.15		120.74	.012	130.33		1.39
ENDODONTICS	1,221	1,778		356,028.00		200.24	.006	291.59		1.20
RESTORATIVE DENTISTRY	6,755	20,294		1,490,659.36		73.45	.068	220.67		5.03
PROSTHETICS	201	218		5,217.50		23.93	.001	25.96		.02
DENTURES, STAYPLATES	2,813	8,087		873,971.58		108.07	.027	310.69		2.95
SPACE MAINTAINERS	22	35		3,197.00		91.34	.000	145.32		.01
MAXILLOFACIAL SERVICES	67	79		6,984.31		88.41	.000	104.24		.02
FRACTURES, DISLOCATIONS	2	4		3,200.00		800.00	.000	1600.00		.01
ORTHODONTIC SERVICES	285	368		30,235.00		82.16	.001	106.09		.10
ALL OTHER SERVICES	379	629		655.00		1.04	.002	1.73		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	MONTH-OF-PAYMENT R	REPO	RT FOR JAN	2003 THRU I	DEC 2003	PI	AGE 2,962
MOP024	FEE-FOR-SERVICE	C/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	ISTANCE - DISABLED)					
							MC	NTHLY AVERA	GE -	
296,588 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	A	VERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE	C		P	ER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
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296,588 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAYS	3	COST PER	COST PER
		OR DAYS OF CARE	3		PE	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	6,075	17,295	\$	371,454.63	\$	21.48	.058	\$	61.14	\$ 1.25
DIAGNOSTIC AND ANC. PROCED	2,939	2,980		134,787.63		45.23	.010		45.86	.45
EYE APPLIANCES	4,573	13,170		217,843.36		16.54	.044		47.64	.73
OTHER OPTOMETRIC SERVICES	735	1,145		18,823.64			.004		25.61	.06
@CHIROPRACTOR	1,185	2,152	\$	35,407.47	\$	16.45	.007	\$	29.88	\$.12
VISITS	1,124	2,059					.007		30.42	.12
OTHER SERVICES	64	93		1,219.41		13.11	.000		19.05	.00
@PODIATRIST	4,583	6,401	\$	135,640.32	\$.022	\$	29.60	\$
MEDICINE/INJECTIONS	2,397	2,657		67,628.99		25.45	.009		28.21	.23
SURGERY/ANES.	65	75		6,051.32		80.68	.000		93.10	.02
RADIO./PATHOLOGY	138	170		2,971.44			.001		21.53	.01
OTHER	2,266	3,499		58,988.57		16.86	.012		26.03	.20
@HOME HEALTH AGENCY	1,112	75,966	\$	2,417,029.37	\$	31.82			2173.59	8.15
NURSE ANESTHESIST	85	494	\$	5,062.26	\$	10.25	.002	\$	59.56	.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	.00
PEDIATRIC NURSE PRACTITIONER	4		\$	115.84	\$.000	\$.00
FAMILY NURSE PRACTITIONER	1,156	3,100	\$	51,239.80			.010	\$	44.33	\$.17
@TOTAL HOSPITAL	43,534	250,645	\$	36,660,476.58	\$	146.26	.845	\$	842.11	\$ 123.61
HOSP INPATIENT TOTAL	4,732	29,518		29,788,874.10		1009.18	.100		6295.20	100.44
HSC HOSPITALS	3,429	21,244		26,508,782.67		1247.82	.072		7730.76	89.38
NON-HSC HOSPITAL TOTAL	408	2,063		2,344,075.55		1136.25	.007		5745.28	7.90
ACCOMMODATIONS	407	2,063				355.16	.007		1800.22	2.47
	119	810		182,706.29		225.56	.003		1535.35	.62
	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	291	1,253		549,984.17		438.93	.004		1889.98	1.85
ANCILLARIES	408	0		1,611,385.09		.00	.000		3949.47	5.43
INPATIENT CROSSOVERS	1,010	6,211		936,015.88		150.70	.021		926.75	3.16
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	41,080	221,127		6,871,602.48		31.08	.746		167.27	23.17
MEDICAL	7,873	15,666		750,966.32		47.94	.053		95.39	2.53
SURGERY	2,603	3,997		159,650.22		39.94	.013		61.33	.54
PATHOLOGY	13,117	62,327		761,880.08		12.22	.210		58.08	2.57
RADIOLOGY	8,580	14,074		1,217,158.71		86.48	.047		141.86	4.10
ROOM USE	19,956	32,961		1,365,153.51		41.42	.111		68.41	4.60

CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY	22 07/	92 102		2 616 702 64		28.41	.311		114.40		8.82
@COUNTY HOSPITAL TOTAL	22,674	92,102	بے	244,349.52	ė.	26.41		ċ.	1126.03	ċ,	.82
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	217	100	Ą	244,349.32	Ą	1002 56	.003	Ą	6304.30	Ą	.72
CO HOSPITAL INPATIENT TOTAL	3.4	100		214,340.12		1082.56 1154.92 1315.18 231.30	.001		6604.72		.72
NON HEG HOSPITALS TOTAL	3 <i>Z</i> 1	103		211,350.94 1 21E 10		1134.94			1315.18		.00
NON-HSC HOSPITALS TOTAL	1	1		1,315.18		1315.18	.000				
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30		.00
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		1,083.88		.00	.000		1083.88		.00
INPATIENT CROSSOVERS	2	14		.00 1,083.88 1,680.00 .00 30,003.40 3,202.51 398.03 3,652.47 5,478.10		120.00	.000		840.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	190	779		30,003.40		38.52	.003		157.91		.10
MEDICAL	61	82		3,202.51		39.06	.000		52.50 30.62		.01
SURGERY	13	22		398.03		18.09	.000				.00
PATHOLOGY	59	274		3,652.47		13.33	.001		61.91 114.13		.01
RADIOLOGY	48	81		5,478.10		67.63	.000		114.13		.02
ROOM USE	109	136		5,116.32		37.62 66.07	.000		46.94		.02
CROSSOVERS/ALL OTH OUTPTNT	98	184		12,155.97		66.07	.001		124.04		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE	S M	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2003 THRU	DEC	2003	P.	AGE 2,963
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
MOP024 FRESNO COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC A	SSI	STANCE - DISABLED							
							M	ONT	HLY AVERA	GE	
296,588 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	43,366	249,668	\$	36,416,127.06	\$	145.86	.842	\$	839.74	\$	122.78
COMM HOSP INPATIENT TOTAL	4,700	29,320		29,574,527.98		1008.68	.099		6292.45		99.72
HSC HOSPITALS	3,398	21,061		26,297,431.73		1248.63	.071		7739.09		88.67
NON-HSC HOSPITALS TOTAL	407	2,062		2,342,760.37		1008.68 1248.63 1136.16 355.22	.007		5756.17		7.90
ACCOMMODATIONS	406	2,062		732,459.16		355.22	.007		1804.09		2.47
ADMINISTRATIVE DAYS	118	809		182,474.99		225.56	.003		1546.40		.62
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	291	1.253		549.984.17		438.93	.004		1889.98		1.85
ANCILLARIES	407	_,		1.610.301.21		.00	.000		3956.51		5.43
INPATIENT CROSSOVERS	1.008	6.197		934.335.88		150.77	.021		926.92		3.15
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	1,333	0		1,610,301.21 934,335.88 .00 6,841,599.08 747,763.81		.00	.000		.00		.00
COMM HOSP OUTPATTENT TOTAL	40 932	220 348		6 841 599 08		31 05	.743		167.15		
MEDICAL.	7 815	15 584		747 763 81		47 98	.053		95 68		23.07 2.52
SIIDGERV	2 590	3 975		159 252 19		40 06	.013		95.68 61.49		.54
DATHOLOGY	13 067	62 053		758 227 61		12 22	.209		58.03		2.56
PADIOLOGY	9 537	12 002		1 211 680 61		26 50	.047		141.93		4.09
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	10 071	32 825		1 360 037 10		41 43	.111		68.44		4.59
CDOCCOVEDC / N.I.I. OTH OUTDING	22 700	01 010		2 604 627 67		20 24	.310		114.29		8.78
CROSSOVERS/ALL OID OUIPINI	22,790	710	\$	2,004,037.07	4	448.51	.310	Ċ.	13978.70	۲,	1.13
MENTALLY TII	2 4 10	32,825 91,918 748 325	Ą		Ą	440.DT	.003		15606.48	Ą	
MENIATTI TTT	1 U	325 423		130,004.70		400.20	.001				.53
DEVELOF. DISABLED	1 4 2 021		۲.	179,423.94	4	424.17 155.87	.001		12816.00 4357.59	ب.	.60 42.92
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	∠,9∠⊥	81,662	\$		Þ	.00		Ą		Ą	
TEA U DEILAD WO	U	154		.00			.000		.00		.00
TEA B-KEHAR MD	8	2.700		18,509.37		120.19	.001		2313.67		.06

1,018,905.23

2,125,777.10

9,565,337.40

8,799,241.19

3,298,920.72

5,500,320.47

2,554,906.56

2,422,116.56

132,790.00

.00

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364.02

486.89

128.66

170.76

149.09

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63.58

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16352.13

3537.48

4633.32

5851.40

944.16

4023.94

905.13

5326.42

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.00

3.44

7.17

32.25

29.67

11.12

18.55

8.61

.45

8.17

.00

.00

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

88

0

130

712

940

33

2,706

2,676

0

2,704

1,652

2,799

4,366

74,343

51,529

22,127

29,402

40,182

40,032

150

0

@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY							
@REHABILITATION FACILITY	2,060	13,813	\$ 264,369.35	\$ 19.14	.047 \$	128.33	\$.89
HOSPITAL BASED	914	3,823	108,034.64	28.26	.013	118.20	.36
INDEPENDENT FACILITY	1,157	9,990	156,334.71	15.65	.034	135.12	.53
@LABORATORY FACILITY	11,433	71,981	\$ 771,264.95	\$ 10.71	.243 \$	67.46	\$ 2.60
PATHOLOGY	11,382	71,830	770,177.24	10.72	.242	67.67	2.60
XO AND OTHERS	53	151	1,087.71	7.20	.001	20.52	.00
@ORGANIZED OUTPATIENT CLINIC	27,831	46,761	\$ 3,083,541.36	\$ 65.94	.158 \$	110.80	\$ 10.40
CLINIC	1,023	3,202	60,669.48	18.95	.011	59.31	.20
SURGICENTER	706	2,878	148,730.91	51.68	.010	210.67	.50
HEROIN DETOX CLINIC	175	2,127	23,969.19	11.27	.007	136.97	.08
RURAL HEALTH CLINIC	26,036	38,554	2,850,171.78	73.93	.130	109.47	9.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,964
MOP024 F	FEE-FOR-SERVICE	/DENTAL					01/29/04
FRESNO COUNTY S	SUMMARY OF SERV	ICES FOR PUBLIC A	SSISTANCE - DISABLE	D			
					MON	THLY AVERA	GE
296,588 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	49,411	7,941,505	\$ 15,462,143.64	\$ 1.95	26.776 \$	312.93	\$ 52.13
DURABLE MED. EQUIP.	3,396	11,974	2,909,694.30	243.00	.040	856.80	9.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	264	340	132,858.11	390.76	.001	503.25	.45
MEDICAL TRANSPORTATION	10,141	404,789	2,047,257.70	5.06	1.365	201.88	6.90
AMBULANCES/AIR TRANS	7,191	71,669	1,044,654.56	14.58	.242	145.27	3.52
OTHER TRANS	1,987	317,417	918,466.92	2.89	1.070	462.24	3.10
OTHER SERVICES	1,314	15,703	84,136.22	5.36	.053	64.03	.28
ACUPUNCTURE	375	762	13,843.32	18.17	.003	36.92	.05
ADULT DAY HEALTH CARE CTR	3,787	54,028	3,750,279.69	69.41	.182	990.30	12.64
GENETIC DISEASE TESTING	99	99	10,066.00	101.68	.000	101.68	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	1,312	60,234	1,836,631.74	30.49	.203	1399.87	6.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9,110	21,023	286,401.41	13.62	.071	31.44	.97
PHYSICAL THERAPIST	5	31	529.06	17.07	.000	105.81	.00
PORTABLE X-RAY	147	467	9,283.32	19.88	.002	63.15	.03
PROSTHETIST/ORTHOTISTS	1,393	4,382	381,905.47	87.15	.015	274.16	1.29
PROSTHETICS	1,340	4,301	374,432.68	87.06	.015	279.43	1.26
ORTHOTICS	59	81	7,472.79	92.26	.000	126.66	.03
PSYCHOLOGIST	71	236	5,876.95	24.90	.001	82.77	.02
SPEECH AND AUDIOLOGY	2,181	8,379	395,436.01	47.19	.028	181.31	1.33
HOSPICE SERVICES	'/4	1,446	192,442.49	133.09	.005	2600.57	.65
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8,744	152,130	905,361.86	5.95	.513	103.54	3.05
EPSDT SUPPLEMENTAL SERVICE	102	34,381	840,828.93	24.46	.116	8243.42	2.84
PRESNO COUNTY 296,588 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE GI	34	34	1,002.32	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	12.465	0	.00	.00	.000	.00	.00 5.88
ALL OTHER PROVIDERS	1 2 /161/	7 186 804	1 743 447 28	74	24.232	129.46	5 XX
@CALIF. CHILDREN SERVICES*	10, 107	1,000,004	17,713,117.20	A 16.14	2 642 +	1721 16	å F0 00
©AOMED EAGLIDING GENEE MOGD+↑	10,077	1,080,542	\$ 17,444,884.09	\$ 16.14	3.643 \$	1731.16	\$ 58.82 \$ 20.28

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDEE DITTI INC. INC. INC.	in the mirrorrante beinte brove.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,965
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES	

							MO	NTI	HLY AVERA	GE	
98,746 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	(COST PER		COST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	193,201	1,062,740	\$	37,936,720.84	\$	35.70	10.762	\$	196.36	\$	384.18
@PHYSICIANS SERVICES	20,064	52,712	\$	2,596,602.15	\$	49.26	.534	\$	129.42	\$	26.30
OUTPATIENT VISITS	14,905	22,059		781,296.01		35.42	.223		52.42		7.91
OFFICE VISITS	9,252	11,440		376,558.26		32.92	.116		40.70		3.81

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	25	29	1,390.08	47.93	.000	55.60	.01
EMERGENCY ROOM	3,553	3,996	209,016.43	52.31	.040	58.83	2.12
PREVENTIVE CARE	108	110	4,485.93	40.78	.001	41.54	.05
OB VISITS/COMPRE PERI	951	4,291	114,488.75	26.68	.043	120.39	1.16
OTHER OUTPATIENT	1,884	2,193	75,356.56	34.36	.022	40.00	.76
INPATIENT VISITS	1,342	6,263	619,643.12	98.94	.063	461.73	6.28
HOSPITAL VISITS	1,146	3,803	206,525.72	54.31	.039	180.21	2.09
CRITICAL CARE	237	2,414	411,441.75	170.44	.024	1736.04	4.17
SNF/ICF/TRANS IP CARE	19	46	1,675.65	36.43	.000	88.19	.02
OPHTHALMOLOGICAL SERVICES	350	425	21,201.03	49.88	.004	60.57	.21
EXAMINATIONS	349	424	21,181.03	49.96	.004	60.69	.21
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	894	4,438	532,945.60	120.09	.045	596.14	5.40
PRINCIPAL SURGEON	560	732	403,300.77	550.96	.007	720.18	4.08
ASSISTANT SURGEON	88	87	18,028.74	207.23	.001	204.87	.18
ANESTHESIOLOGIST	397	3,619	111,616.09	30.84	.037	281.15	1.13

OUTPATIENT SURGERY	1,235	2,538		206,341.95		81.30	.026		167.08		2.09
PRINCIPAL SURGEON	1,021	1,256		166,264.56		132.38	.013		162.84		1.68
ASSISTANT SURGEON	. 7	. 7		769.42		109.92	.000		109.92		.01
ANESTHESIOLOGIST	313	1,275		39,307.97		30.83	.013		125.58		.40
DIALYSIS	11	28		3,730.36		133.23	.000		339.12		.04
PATHOLOGY	2,214	4,406		75,717.14		17.19	.045		34.20		.77
RADIOLOGY	3,104	5,055		143,046.90		28.30	.051		46.08		1.45
PSYCHIATRY	5	. 6		178.62		29.77	.000		35.72		.00
IMMUNIZATION AND INJECTIO	N 330	451		22,280.04		49.40	.005		67.52		.23
OTHER SERVICES/ALL X-OVER	S 2,885	7,043		190,221.38		27.01	.071		65.93		1.93
@PHARMACY	23,168	124,399	\$	3,504,562.70	\$	28.17	1.260	\$	151.27	\$	35.49
PRESCRIPTION DRUGS	22,725	53,413		3,092,551.96		57.90	.541		136.09		31.32
SNF/ICF	. 89	417		64,393.50		154.42	.004		723.52		.65
OUTPATIENTS	22,667	52,996		3,028,158.46		57.14	.537		133.59		30.67
MEDICAL SUPPLIES	1,253	70,986		412,010.74		5.80	.719		328.82		4.17
@DENTIST	56,839	379,245	\$	10,421,300.92	\$	27.48	3.841	\$	183.35	\$	105.54
VISITS - DIAGNOSTIC	42,173	260,709		3,077,315.30		11.80	2.640		72.97		31.16
ORAL SURGERY	8,654	16,830		1,020,658.70		60.65	.170		117.94		10.34
DRUGS	2,083	2,978		62,350.00		20.94	.030		29.93		.63
ANESTHESIA	533	551		53,375.00		96.87	.006		100.14		.54
PERIODONTICS	2,154	2,251		256,935.00		114.14	.023		119.28		2.60
ENDODONTICS	4,900	8,556		1,030,352.54		120.42	.087		210.28		10.43
RESTORATIVE DENTISTRY	22,489	78,861		4,308,366.57		54.63	.799		191.58		43.63
PROSTHETICS	127	136		3,280.00		24.12	.001		25.83		.03
DENTURES, STAYPLATES	519	1,993		158,155.02		79.36	.020		304.73		1.60
SPACE MAINTAINERS	505	662		67,430.00		101.86	.007		133.52		.68
MAXILLOFACIAL SERVICES	368	372		38,325.72		103.03	.004		104.15		.39
FRACTURES, DISLOCATIONS	7	9		5,975.53		663.95			853.65		.06
ORTHODONTIC SERVICES	3,386	4,066		334,547.55		82.28	.041		98.80		3.39
ALL OTHER SERVICES	793	1,271		4,233.99		3.33	.013		5.34		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,966
MOP024	FEE-FOR-SERVICE/I										01/29/04
FRESNO COUNTY	SUMMARY OF SERVIO	CES FOR PUBLIC	ASSI	ISTANCE - FAMILIES							
							M	IONTI	HLY AVERA	GE -	

						IVI	OM T	TLI AVEKA	GE.	
98,746 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,307	3,698	\$ 87,226.40	\$	23.59	.037	\$	66.74	\$.88
DIAGNOSTIC AND ANC. PROCED	1,030	1,038	48,333.20		46.56	.011		46.93		.49
EYE APPLIANCES	909	2,643	38,323.48		14.50	.027		42.16		.39
OTHER OPTOMETRIC SERVICES	17	17	569.72		33.51	.000		33.51		.01
@CHIROPRACTOR	906	1,521	\$ 25,242.14	\$	16.60	.015	\$	27.86	\$.26
VISITS	906	1,521	25,242.14		16.60	.015		27.86		.26
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	59	86	\$ 3,527.24	\$	41.01	.001	\$	59.78	\$.04
MEDICINE/INJECTIONS	54	58	2,208.68		38.08	.001		40.90		.02
SURGERY/ANES.	4	4	60.00		15.00	.000		15.00		.00
RADIO./PATHOLOGY	4	6	103.80		17.30	.000		25.95		.00
OTHER	9	18	1,154.76		64.15	.000		128.31		.01
@HOME HEALTH AGENCY	109	341	\$ 23,494.49	\$	68.90	.003	\$	215.55	\$.24
NURSE ANESTHESIST	18	118	\$ 2,351.42	\$	19.93	.001	\$	130.63	\$.02
NURSE MIDWIFE	5	7	\$ 1,402.13	\$	200.30	.000	\$	280.43	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	264	439	\$ 10,965.73	\$	24.98	.004	\$	41.54	\$.11
@TOTAL HOSPITAL	12,217	47,825	\$ 13,206,346.25	\$	276.14	.484	\$	1080.98	\$	133.74
HOSP INPATIENT TOTAL	1,460	7,478	11,962,096.59		1599.64	.076		8193.22		121.14
HSC HOSPITALS	1,389	7,128	11,630,423.66		1631.65	.072		8373.24		117.78
NON-HSC HOSPITAL TOTAL	75	342	330,020.93		964.97	.003		4400.28		3.34
ACCOMMODATIONS	72	342	111,171.87		325.06	.003		1544.05		1.13
ADMINISTRATIVE DAYS	5	58	13,415.40		231.30	.001		2683.08		.14
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00

ALL OTHER ACCOM	67	284	97,756.47	344.21	.003	1459.05	.99
ANCILLARIES	75	0	218,849.06	.00	.000	2917.99	2.22
INPATIENT CROSSOVERS	2	8	1,652.00	206.50	.000	826.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11,189	40,347	1,244,249.66	30.84	.409	111.20	12.60
MEDICAL	2,290	3,624	156,949.73	43.31	.037	68.54	1.59
SURGERY	1,074	1,507	59,952.92	39.78	.015	55.82	.61
PATHOLOGY	3,007	11,870	155,565.92	13.11	.120	51.73	1.58
RADIOLOGY	2,117	2,751	189,523.51	68.89	.028	89.52	1.92
ROOM USE	7,335	9,722	398,362.29	40.98	.098	54.31	4.03
CROSSOVERS/ALL OTH OUTPINT	5,066	10,873	283,895.29	26.11	.110	56.04	2.88
@COUNTY HOSPITAL TOTAL	82	259 \$	34,574.80	\$ 133.49	.003 \$		
CO HOSPITAL INPATIENT TOTAL	7	21	26,828.01	1277.52	.000	3832.57	. 27
HSC HOSPITALS	7	21	26,828.01	1277.52	.000	3832.57	. 27
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	78	238	7,746.79	32.55	.002	99.32	.08
MEDICAL	22	25	1,294.00	51.76	.000	58.82	.01
SURGERY	3	4	391.31	97.83	.000	130.44	.00
PATHOLOGY	23	75	840.39	11.21	.001	36.54	.01
RADIOLOGY	19	24	896.60	37.36	.000	47.19	.01
ROOM USE	44	53	2,069.40	39.05	.001	47.03	.02
CROSSOVERS/ALL OTH OUTPTNT	34	57	2,255.09	39.56	.001	66.33	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,967
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERVIC	ES FOR PUBLIC AS	SISTANCE - FAMILIES				
					MON	THLY AVERA	GE
98,746 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OP DAVS OF CAPE		DEB IMITT/DAV	DED FITC	TICED	FT.TCTRT.F

98,746 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	 COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12,139	47,566	\$ 13,171,771.45	\$ 276.92	.482	\$ 1085.08	\$ 133.39
COMM HOSP INPATIENT TOTAL	1,453	7,457	11,935,268.58	1600.55	.076	8214.22	120.87
HSC HOSPITALS	1,382	7,107	11,603,595.65	1632.70	.072	8396.23	117.51
NON-HSC HOSPITALS TOTAL	75	342	330,020.93	964.97	.003	4400.28	3.34
ACCOMMODATIONS	72	342	111,171.87	325.06	.003	1544.05	1.13
ADMINISTRATIVE DAYS	5	58	13,415.40	231.30	.001	2683.08	.14
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	67	284	97,756.47	344.21	.003	1459.05	.99
ANCILLARIES	75	0	218,849.06	.00	.000	2917.99	2.22
INPATIENT CROSSOVERS	2	8	1,652.00	206.50	.000	826.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11,115	40,109	1,236,502.87	30.83	.406	111.25	12.52
MEDICAL	2,268	3,599	155,655.73	43.25	.036	68.63	1.58
SURGERY	1,072	1,503	59,561.61	39.63	.015	55.56	.60
PATHOLOGY	2,986	11,795	154,725.53	13.12	.119	51.82	1.57
RADIOLOGY	2,099	2,727	188,626.91	69.17	.028	89.87	1.91
ROOM USE	7,294	9,669	396,292.89	40.99	.098	54.33	4.01
CROSSOVERS/ALL OTH OUTPINT	5,033	10,816	281,640.20	26.04	.110	55.96	2.85
@STATE HOSPITAL	15	501	\$ 230,845.60	\$ 460.77	.005	\$ 15389.71	\$ 2.34
MENTALLY ILL	15	501	230,845.60	460.77	.005	15389.71	2.34
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	483	\$ 199,807.13	\$ 413.68	.005	\$ 16650.59	\$ 2.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	9	422		192,779.32		456.82	.004	2	1419.92		1.95
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	61		7,027.81		115.21	.001		2342.60		.07
@INTERMEDIATE CARE FACILDD	39	1,387	\$	248,726.28	\$	179.33	.014	\$	6377.60	\$	2.52
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	39	1,387		248,726.28		179.33	.014		6377.60		2.52
@HEMODIALYSIS TOTAL	4	40	\$	7,483.36	\$	187.08	.000	\$	1870.84	\$.08
HOSPITAL BASED	3	5		5,533.51		1106.70	.000		1844.50		.06
HEMODIALYSIS CENTER	2	35		1,949.85		55.71	.000		974.93		.02
@REHABILITATION FACILITY	422	1,677	\$	48,517.41	\$	28.93	.017	\$	114.97	\$.49
HOSPITAL BASED	317	1,018		37,526.87		36.86	.010		118.38		.38
INDEPENDENT FACILITY	106	659		10,990.54		16.68	.007		103.68		.11
@LABORATORY FACILITY	2,093	8,379	\$	112,497.79	\$	13.43	.085	\$	53.75	\$	1.14
PATHOLOGY	2,091	8,376		112,319.29		13.41	.085		53.72		1.14
XO AND OTHERS	3	3		178.50		59.50	.000		59.50		.00
@ORGANIZED OUTPATIENT CLINIC	41,797	59,318	\$	4,757,341.27	\$	80.20	.601	\$	113.82	\$	48.18
CLINIC	576	2,346		50,566.61		21.55	.024		87.79		.51
SURGICENTER	47	253		10,257.16		40.54	.003		218.24		.10
HEROIN DETOX CLINIC	60	749		8,689.27		11.60	.008		144.82		.09
RURAL HEALTH CLINIC	41,136	55,970		4,687,828.23		83.76	.567		113.96		47.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDIT	JRES M	IONTH-OF-PAYMENT RE	EPOR'	T FOR JAN 2	2003 THRU D	EC	2003	PI	AGE 2,968
MOP024	FEE-FOR-SERVICE/DENT.	AL									01/29/04
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FRESNO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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00 846 81 1918 89	Hanna		_				NTHLY AVERA	
98,746 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	64,594	380,564	\$	2,448,480.43	\$ 6.43	3.854		
DURABLE MED. EQUIP.	153	802		75,263.90	93.85	.008	491.92	.76
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	29		477.57	16.47	.000	79.60	.00
MEDICAL TRANSPORTATION	1,164	16,515		179,181.58	10.85	.167	153.94	1.81
AMBULANCES/AIR TRANS	1,160	16,335		168,347.44	10.31	.165	145.13	1.70
OTHER TRANS	5	154		404.69	2.63	.002	80.94	.00
OTHER SERVICES	10	26		10,429.45	401.13	.000	1042.95	.11
ACUPUNCTURE	36	91		1,692.22	18.60	.001	47.01	.02
ADULT DAY HEALTH CARE CTR	6	41		2,903.73	70.82	.000	483.96	.03
GENETIC DISEASE TESTING	889	889		92,198.00	103.71	.009	103.71	.93
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	9,895	20,907		192,879.21	9.23	.212	19.49	1.95
PHYSICAL THERAPIST	2	8		315.32	39.42	.000	157.66	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	104	213		25,732.36	120.81	.002	247.43	.26
PROSTHETICS	67	170		21,518.40	126.58	.002	321.17	.22
ORTHOTICS	43	43		4,213.96	98.00	.000	98.00	.04
PSYCHOLOGIST	208	824		44,002.23	53.40	.008	211.55	.45
SPEECH AND AUDIOLOGY	34	73		11,613.82	159.09	.001	341.58	.12
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	52,612	182,574		1,799,999.44	9.86	1.849	34.21	18.23
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	106	157,598		22,221.05	.14	1.596	209.63	.23
@CALIF. CHILDREN SERVICES*	5,587	64,444	Ś	11,459,877.96		.653		
@XOVER EXCLUDING STATE HOSP**	•	74	Š	2,120.10	\$ 28.65	.001	•	
		, i	T		, <u>20.03</u>	.001	7 = 70.00	7 .02

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

01/29/04

----- MONTHLY AVERAGE -----

FRESNO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

FRESHO COUNTY	SUMMARY OF SERVIC	ES FOR PUBLIC ASS.	ISTANCE - TOTAL		MONTH		7.	
FOC FOO BLICARIES	HOEDO	NITHE OF CERTICE	EXPENDIBLE	ATTERNATE COOR	MONT			
526,572 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST				ST PER
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS	540.004	OR DAYS OF CARE	060 075 560 00	PER UNIT/DAY		USER		GIBLE
@TOTAL, ALL PROVIDERS	548,094	22,334,305 \$	260,975,568.00	\$ 11.68	42.415 \$	476.15		195.61
@PHYSICIANS SERVICES	132,170	634,203 \$	14,650,572.36	\$ 23.10	1.204 \$	110.85	\$	27.82
OUTPATIENT VISITS	71,007	108,991	3,729,039.79	34.21	.207	52.52		7.08
OFFICE VISITS	51,972	72,141	2,160,459.13	29.95	.137	41.57		4.10
HOME VISITS	379	496	20,581.32	41.49	.001	54.30		.04
HOME VISITS EMERGENCY ROOM PREVENTIVE CARE	13,151	16,516 126	980,252.11	59.35 42.22 26.93 29.40 62.59 47.32 160.57 35.50	.031	74.54		1.86
PREVENTIVE CARE	124	126	5,320.24	42.22	.000	42.91		.01
OB VISITS/COMPRE PERI	1,501	6,911	186,130.63	26.93	.013	124.00		.35
OTHER OUTPATIENT	9,944	12,801	376,296.36	29.40	.024	37.84		.71
INPATIENT VISITS	6,858 5,331	12,801 29,660	1,856,364.70	62.59	.056	270.69		3.53
HOSPITAL VISITS	5,331	22,496	1,064,494.80	47.32	.043	199.68		2.02
CDIMICAL CADE	610	4.298	690,130.13	160.57	.008	1114.91		1.31
SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS	1.323	4,298 2,866	101,739.77	35.50	.005	76.90		.19
OPHTHALMOLOGICAL SERVICES	2 421	2 866	174 674 76	43.12	.005	51.04		.23
EXAMINATIONS	2 417	2 861	123,363.95	43.12	.005	51.04		.23
SERVICES AND MATERIALS	2,11,	2,866 2,861 5	209.30	41 86	.000	41.86		.00
TNDATTENT LOCDITAL CLIDGEDV	2 986	15,248	1,605,758.76	105 31	.029	537.76		3.05
DRINGIDAI CUDCEON	2,900	3,651	1,261,819.10	245 61	.023	563.82		2.40
SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON	2,230	294		41.86 105.31 345.61 213.10 24.89 95.24	.001	219.82		.12
ASSISIANI SURGEUN	285	294	62,650.02	213.10	.001			
ANESTHESIOLOGIST	981	11,303 13,359	281,289.64	24.89	.021	286.74		.53
OUTPATIENT SURGERY	6,398		1,272,293.54	95.24	.025	198.86		2.42
PRINCIPAL SURGEON	5,692	7,318	1,125,446.86	153.79 119.55 23.77	.014	197.72		2.14
ASSISTANT SURGEON	34	34	4,064.53	119.55	.000	119.55		.01
ANESTHESIOLOGIST	1,029	6,007	142,782.15	23.77	.011	138.76		.27
DIALYSIS	595	2,307	175,838.23	/6.22	.004	295.53		.33
INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	14,357	33,411	408,830.57	12.24	.063	28.48		.78
RADIOLOGY	18,551	36,271	1,277,511.88	35.22	.069	68.86		2.43
PSYCHIATRY	31	40	1,090.48	27.26	.000	35.18		.00
IMMUNIZATION AND INJECTION	5,010	43,050	929,178.90	21.58	.082	185.46		1.76
OTHER SERVICES/ALL X-OVERS	56,295 309,292	40 43,050 349,000 8,642,399 1,308,087 46,520	3,271,092.26	9.37	.663	58.11		6.21
@PHARMACY	309,292	8,642,399 \$	104,284,162.81	\$ 12.07	16.413 \$	337.17	\$ 1	98.04
PRESCRIPTION DRUGS	302,309	1,308,087	95,306,309.85	72.86	2.484	315.26		80.99
SNF/ICF	7,693	46,520	3,637,246.72	78.19	.088	472.80		6.91
OUTPATIENTS	295,408	1,261,567	91,669,063.13	72.66	2.396	310.31	1	74.09
MEDICAL SUPPLIES	47.704	7,334,312	8,977,852.96	1.22	13.928	188.20		17.05
PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA	87,012	527,589 \$	16 388 479 30	\$ 31 በ 6	1.002 \$			31.12
VISITS - DIAGNOSTIC	61.711	350,211	4,062,315.11	11.60 58.32 20.41 96.05	.665	65.83	•	7.71
ORAL SURGERY	13 431	30 656	1,787,771.07	58 32	.058	133.11		3.40
DRIGS	2 273	30,656 3,370	68,779.50	20 41		30.26		.13
ANESTHESIA	707	728	69,925.00	20.41 96.05 118.50 136.94 59.40	.001	98.90		.13
PERIODONTICS	707 5,969 6,389 30,775	6,354	752,940.90	118 50	.012	126.14		1.43
ENDODONTICS	6 3 8 9	10,699	1,465,143.54	136 94	.020	229.32		2.78
RESTORATIVE DENTISTRY	20 775	103,370	6,140,612.78	130.94	.196	199.53		11.66
	30,775	419		39.40 25.61	.001	27.73		.02
PROSTHETICS	387		10,732.30	25.01 100 17	.001			
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	4,952	14,182	1,534,004.75	108.17	.027	309.77		2.91
SPACE MAINTAINERS	527 438	697	70,627.00	101.33	.001	134.02		.13
MAXILLOFACIAL SERVICES	438	454	45,632.26	25.61 108.17 101.33 100.51 645.22	.001	104.18		.09
FRACTURES, DISLOCATIONS	10	16	10,323.55	645.22	.000	1032.36		.02
ORTHODONTIC SERVICES	3,671	4,434	364,782.55	82.27	.008	99.37		.69
ALL OTHER SERVICES	1,286	1,999	4,888.99	2.45	.004	3.80		.01
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003		2,970
MOP024	FEE-FOR-SERVICE/D						C	1/29/04
FRESNO COUNTY	SUMMARY OF SERVIC	ES FOR PUBLIC ASS	ISTANCE - TOTAL					
					MONTH.	א מיידע א דדי	7 TO	

526,572 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	-	COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	10,158	28,152	\$ 602,782.63	\$	21.41	.053	\$	59.34	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	4,574	4,629	208,015.71		44.94	.009		45.48	.40
EYE APPLIANCES	7,349	21,144	352,999.21		16.70	.040		48.03	.67
OTHER OPTOMETRIC SERVICES	1,564	2,379	41,767.71		17.56	.005		26.71	.08
@CHIROPRACTOR	2,188	3,888	\$ 63,706.87	\$	16.39	.007	\$	29.12	\$.12
VISITS	2,081	3,702	61,453.32		16.60	.007		29.53	.12
OTHER SERVICES	114	186	2,253.55		12.12	.000		19.77	.00
@PODIATRIST	6,585	9,320	\$ 173,304.21	\$	18.59	.018	\$	26.32	\$.33
MEDICINE/INJECTIONS	2,533	2,807	72,263.51		25.74	.005		28.53	.14
SURGERY/ANES.	73	84	6,182.32		73.60	.000		84.69	.01
RADIO./PATHOLOGY	146	180	3,144.44		17.47	.000		21.54	.01
OTHER	4,144	6,249	91,713.94		14.68	.012		22.13	.17
@HOME HEALTH AGENCY	1,267	76,577	\$ 2,459,343.14	\$	32.12	.145	\$	1941.08	\$ 4.67
NURSE ANESTHESIST	157	832	\$ 9,142.55	\$	10.99	.002	\$	58.23	\$.02

NURSE MIDWIFE	5	7	\$	1,402.13	\$	200.30	.000	\$ 280.43	\$.00
PEDIATRIC NURSE PRACTITIONER	1.0	17	\$	531.17	\$	31.25	.000	\$ 44.26	Š	.00
FAMILY NURSE PRACTITIONER	1 562	3 905	Ġ	67,425.60	\$.007		Ġ	.13
@TOTAL HOSPITAL	66 270	3,905 340,539	\$ \$	55,822,175.50		163.92	.647			106.01
WIOTAL HOSPITAL	1,562 66,279 7,722 5,434	340,539	Ą						Ą	
HOSP INPATIENT TOTAL	1,122	45,463		46,761,755.31		1028.57	.086	6055.65		88.80
HSC HOSPITALS	5,434	32,309		42,085,695.33		1302.60	.061	7744.88		79.92
NON-HSC HOSPITAL TOTAL	566	2,840		3,105,128.57		1093.36	.005	5486.09		5.90
ACCOMMODATIONS	562	2,840		989,258.07		348.33	.005	1760.25		1.88
ADMINISTRATIVE DAYS	155	1,060		236,368.25		222.99	.002	1524.96		.45
TRANSITIONAL ID CARE	0	2,000		.00		.00	.000	.00		.00
ALL OTHER ACCOM	410	1,780		752 000 02		422.97	.003	1836.32		1.43
ALL OTHER ACCOM	410	•		.00 752,889.82 2,115,870.50						
HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	566	0 10,314				.00	.000	3738.29		4.02
INPATIENT CROSSOVERS	1,869	10,314		1,570,931.41		152.31	.020	840.52		2.98
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	61,979	295,076		9,060,420.19		30.71	.560	146.19 89.26		17.21
MEDICAL	10,445	19,793		932,331.58		47.10	.038	89.26		1.77
SURGERY PATHOLOGY RADIOLOGY ROOM USE	3.774	0 295,076 19,793 5,651		226,623.97		40.10	.011	60.05		.43
PATHOLOGY	16 553	76,108		941,376.88		12.37	.145	56.87		1.79
RADIOLOGY	11 025	17 271		1,458,173.99		83.94	.033	132.26		2.77
RADIOLOGI ROOM HOR	11,025	17,371								
ROOM USE	27,892	43,630		1,803,266.81		41.33	.083	64.65		3.42
CROSSOVERS/ALL OTH OUTPINT	36,970	17,371 43,630 132,523		3,698,646.96		27.91	.252	100.04		7.02
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	319	1,298	\$	289,979.06	\$	223.40		\$ 909.03	\$.55
CO HOSPITAL INPATIENT TOTAL	44	226		248,856.29		1101.13	.000	5655.82		. 47
HSC HOSPITALS	42	211		245,861.11		1165.22	.000	5853.84		.47
NON-HSC HOSPITALS TOTAL	1	1		1.315.18		1315.18	.000	1315.18		.00
ACCOMMODATIONS	1	1		231 30		231.30	.000	231.30		.00
ADMINICTRATIVE DAVO	1	1		231.30		231.30	.000	231.30		.00
ADMINISTRALLY DAIS	1	1		231.30		.00	.000	.00		.00
TRANSTITUNAL IP CARE	0	0		.00						
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	226 211 1 1 0 0 0 0 14 0		.00		.00	.000	.00		.00
ANCILLARIES	<u></u>	0		1,083.88		.00	.000	1083.88		.00
INPATIENT CROSSOVERS	2	14		1,680.00		120.00	.000	840.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	286	1,072 107		41,122.77		38.36	.002	143.79		.08
MEDICAL	83	107		4,496.51		42.02	.000	54.17		.01
SURGERY	16	26		789.34		30.36	.000	49.33		.00
PATHOLOGY	84	354		4,540.45		30.36 12.83 60.51	.001	54.05		.01
RADIOLOGY	68	106		6,414.42		60.51	.000	94.33		.01
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	155	191		7,271.59		38.07	.000	46.91		.01
CROSSOVERS/ALL OTH OUTPTNT		288		17,610.46		61.15	.001	117.40		.03
		CES AND EXPENDITURE	ZC M		FDOP				D7	AGE 2,971
MOP024	FEE-FOR-SERVICE		יו טיב	IONIII-OF-PAIMENT K	EFOR	I FOR UAN 2	2003 11110 1	DEC 2003	FI	01/29/04
FRESNO COUNTY		ICES FOR PUBLIC A	лаат	CTANCE TOTAL						01/29/04
FRESNO COUNTY	SUMMARI OF SERV	ICES FOR PUBLIC F	422T	STANCE - TOTAL			3.66	NIMITE I ATTOM	aп	
FOC FEE BLICEPIES	Harpa	INTEG OF GERLITGE			7. 7. 7.	TDAGE GOOM		ONTHLY AVERA	_	
526,572 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
	66,017		\$	55,532,196.44	\$	163.70	.644		\$	105.46
COMM HOSP INPATIENT TOTAL	7,680	45,237		46,512,899.02		1028.20	.086	6056.37		88.33
HSC HOSPITALS	5,393	32,098		41,839,834.22		1303.50	.061	7758.17		79.46
NON-HSC HOSPITALS TOTAL	565	2,839		3,103,813.39		1093.28	.005	5493.48		5.89
ACCOMMODATIONS	561	2,839		989,026.77		348.37	.005	1762.97		1.88
ADMINISTRATIVE DAYS	154	1,059		236,136.95		222.98	.002	1533.36		.45
TRANSITIONAL IP CARE	0	0		.00		.00	.002	.00		.00
	410			752,889.82		422.97		1836.32		
ALL OTHER ACCOM		1,780					.003			1.43
ANCILLARIES	565	0		2,114,786.62		.00	.000	3742.99		4.02
INPATIENT CROSSOVERS	1,867	10,300		1,569,251.41		152.35	.020	840.52		2.98
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	61,741	294,004		9,019,297.42		30.68	.558	146.08		17.13
MEDICAL	10,365	19,686		927,835.07		47.13	.037	89.52		1.76
SURGERY	3,759	5,625		225,834.63		40.15	.011	60.08		.43
PATHOLOGY	16,480	75,754		936,836.43		12.37	.144	56.85		1.78
	-,	, . , . <u></u>		,			,			

CROSSOVERS/ALL OTH OUTPINT		132,235		3,681,036.50	27.84	.251	99.93		6.99
@STATE HOSPITAL	39	1,249	\$	566,334.32	\$ 453.43	.002	\$ 14521.39	\$	1.08
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	25	826		386,910.38	468.41 424.17 \$ 148.50	.002	15476.42		.73
DEVELOP. DISABLED	14	423		179,423.94	424.17	.001	12816.00		.34
@NURSING FACILITY	5.329	140 133	\$	20 809 690 63	\$ 148.50	266	\$ 3904.99		39.52
I.EV A-INTERMEDIATE	0,325	110,133	Y	.00 18,509.37 1,160,160.44 2,548,616.05 .00 17,082,404.77 9,312,296.03 3,461,048.71	.00	.000	.00		.00
TEN D DENYD WD	0	1 5 4		10 500 27	120.19		2313.67		.04
TEA D GIDAGIME EDEEGMANDING	0.0	2 170		1 160 160 44					
LEV B-SUBACUIE FREESIANDING	99	3,1/9		1,160,160.44	364.95 491.44	.006	11718.79		2.20
LEV B-SUBACUTE HSPTL BASED	148	5,186		2,548,616.05			17220.38		4.84
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00		.00		.00
LEV B-REGULAR	5,083	131,614		17,082,404.77	129.79		3360.69		32.44
@INTERMEDIATE CARE FACILDD	1,746	54,563	\$	9,312,296.03	\$ 170.67	.104	\$ 5333.50	\$	17.68
ICF DDH	747	23,214		3,461,048.71	149.09	.044	4633.26		6.57
ICF DD	0	, 0		.00	.00	.000	.00		.00
ICF DDN/DDCN	999	54,563 23,214 0 31,349		5,851,247.32	186.65		5857.10		11.11
@UEMODIALVEIC TOTAL	2 210	13 130	Ġ	3,229,155.39	\$ 74.35		\$ 845.55	Ġ	6.13
WILLIODIALISIS TOTAL	3,019	15, 150	\$	138,516.21	887.92	.002	3743.68	Ą	.26
HOSPITAL BASED	2.707	156 43,274		130,510.21					
HEMODIALYSIS CENTER	3,/8/	43,2/4		3,090,639.18	71.42		816.12	4.	5.87
@REHABILITATION FACILITY	2,556	15,956	\$	3,090,639.18 321,039.16 147,627,30	\$ 20.12		\$ 125.60		.61
HOSPITAL BASED	1,252	4,924		147,627.30	29.98		117.91		.28
INDEPENDENT FACILITY	1,316	11,032		173,411.86	15.72		131.77		.33
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	14,071	84,079	\$	147,627.30 173,411.86 918,207.90 916,422.65	\$ 10.92	.160	\$ 65.26	\$	1.74
PATHOLOGY	13,981	83,838 241		916,422.65	10.93	.159	65.55		1.74
XO AND OTHERS	93	241		1,785.25	7.41		19.20		.00
@ORGANIZED OUTPATIENT CLINIC	78 454	121 599	Ś	Q 2Q/ 571 QN	\$ 69.95	221	¢ 106 97	Ś	15.92
CI INIC	1 722	6 244	Y	122 072 70	10.05	012	71.99		.24
CLINIC	1,722	0,244		123,9/3./9	19.00	.012	206.98		
SURGICENIER	969	3,53/		200,564.51	50.70	.007	200.98		.38
HEROIN DETOX CLINIC	24/	3,028		34,399.76	11.36	.006	139.27		.07 15.24
RURAL HEALTH CLINIC	75,676	108,790		8,025,633.74	73.77	.207	106.05		15.24
				' '					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	PORT FOR JAI	N 2003 THRU DI	EC 2003	P	AGE 2,972
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUR E/DENTAL	RES M	ONTH-OF-PAYMENT RE	PORT FOR JAI	N 2003 THRU DI	EC 2003	P	AGE 2,972 01/29/04
MOP024	FEE-FOR-SERVICE	CES AND EXPENDITUR E/DENTAL VICES FOR PUBLIC		ONTH-OF-PAYMENT RE	PORT FOR JAI	N 2003 THRU DI		P	AGE 2,972 01/29/04
MOP024	FEE-FOR-SERVICE	E/DENTAL		ONTH-OF-PAYMENT RE	PORT FOR JAI	N 2003 THRU DI		P	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	PORT FOR JAI	N 2003 THRU DI MOI	NTHLY AVERA	P AGE	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	PORT FOR JAI AVERAGE CO:	N 2003 THRU DI MOI ST UNITS/DAYS	NTHLY AVERA COST PER	P \GE	AGE 2,972 01/29/04 COST PER
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	PORT FOR JAI AVERAGE CO: PER UNIT/D.	N 2003 THRU DI MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVER <i>A</i> COST PER USER	P \GE	AGE 2,972 01/29/04 COST PER ELIGIBLE
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97	N 2003 THRU DI MOI ST UNITS/DAYS AY PER ELIG 22.040	NTHLY AVERA COST PER USER	P AGE \$	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97	N 2003 THRU DI MOI ST UNITS/DAYS AY PER ELIG 22.040	NTHLY AVERA COST PER USER	P \GE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97	N 2003 THRU DI MOI ST UNITS/DAYS AY PER ELIG 22.040	NTHLY AVERA COST PER USER	P \GE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97	N 2003 THRU DI MOI ST UNITS/DAYS AY PER ELIG 22.040	NTHLY AVERA COST PER USER	P \GE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97	N 2003 THRU DI MOI ST UNITS/DAYS AY PER ELIG 22.040	NTHLY AVERA COST PER USER	P \GE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51	MOI ST UNITS/DAYS AY PER ELIG 22.040 : .027 .000 .001 1.243	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08	P AGE \$	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51	MOI ST UNITS/DAYS AY PER ELIG 22.040 : .027 .000 .001 1.243	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08	P AGE \$	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08	P AGE \$	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08	P AGE \$	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41	P AGE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00 .60 5.61 2.47 2.88 .25 .04
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64	P AGE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00 .60 5.61 2.47 2.88 .25 .04 11.03
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64	P AGE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00 .60 5.61 2.47 2.88 .25 .04 11.03
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64	P AGE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00 .60 5.61 2.47 2.88 .25 .04 11.03 .19 4.53
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64	P AGE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00 .60 5.61 2.47 2.88 .25 .04 11.03 .19 4.53 .00
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34 69.39 103.51 35.48 .00 12.12	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64 103.51 748.64 .00 26.92	P AGE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00 .60 5.61 2.47 2.88 .25 .04 11.03 .19 4.53 .00 1.16
MOP024 FRESNO COUNTY 526.572 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE	ASSI	ONTH-OF-PAYMENT RE STANCE - TOTAL EXPENDITURES	AVERAGE COMPER UNIT/DMS 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34 69.39 103.51 35.48 .000 12.12 25.43	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64 103.51 748.64 .00 26.92 146.21	P AGE \$	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526,572 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 133,181 4,035 0 609 13,980 8,962 3,392 2,147 486 5,749 991 3,189 0 22,606 8	E/DENTAL FICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 11,605,834 14,146 0 763 654,765 93,949 537,052 23,764 1,018 83,727 991 67,295 0 50,234 46 611	ASSI	STANCE - TOTAL EXPENDITURES 22,910,242.18 3,233,690.53 .00 313,665.73 2,953,502.48 1,300,214.90 1,519,083.90 134,203.68 18,665.86 5,810,181.58 102,579.00 2,387,413.36 .00 608,641.47 1,169.65 9,630.00	AVERAGE COMPER UNIT/DM \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34 69.39 103.51 35.48 .00 12.12 25.43 15.76	MOI ST UNITS/DAYS AY PER ELIG 22.040027000001 1.243 178 1.020045002 159002128000001	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64 103.51 748.64 .00 26.92 146.21 47.91	P AGE \$	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526,572 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 133,181 4,035 0 609 13,980 8,962 3,392 2,147 486 5,749 991 3,189 0 22,606 8 201 1,948	E/DENTAL FICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 11,605,834 14,146 0 763 654,765 93,949 537,052 23,764 1,018 83,727 991 67,295 0 50,234 46 611 5,625	ASSI	STANCE - TOTAL EXPENDITURES 22,910,242.18 3,233,690.53 .00 313,665.73 2,953,502.48 1,300,214.90 1,519,083.90 134,203.68 18,665.86 5,810,181.58 102,579.00 2,387,413.36 .00 608,641.47 1,169.65 9,630.00 443,565.64	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34 69.39 103.51 35.48 .00 12.12 25.43 15.76 78.86	MOI ST UNITS/DAYS AY PER ELIG 22.040027000001 1.243 178 1.020045002 159002 128000001001001	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64 103.51 748.64 .00 26.92 146.21 47.91 227.70	P AGE \$	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526,572 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 133,181 4,035 0 609 13,980 8,962 3,392 2,147 486 5,749 991 3,189 0 22,606 8	E/DENTAL FICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 11,605,834 14,146 0 763 654,765 93,949 537,052 23,764 1,018 83,727 991 67,295 0 50,234 46 611	ASSI	STANCE - TOTAL EXPENDITURES 22,910,242.18 3,233,690.53 .00 313,665.73 2,953,502.48 1,300,214.90 1,519,083.90 134,203.68 18,665.86 5,810,181.58 102,579.00 2,387,413.36 .00 608,641.47 1,169.65 9,630.00 443,565.64 431,561.96	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34 69.39 103.51 35.48 .00 12.12 25.43 15.76 78.86 78.51	MOI ST UNITS/DAYS AY PER ELIG 22.040027000001 1.243 178 1.020045002 159002128000001	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64 103.51 748.64 .00 26.92 146.21 47.91 227.70 232.77	P AGE \$	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526,572 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 133,181 4,035 0 609 13,980 8,962 3,392 2,147 486 5,749 991 3,189 0 22,606 8 201 1,948 1,854 106	E/DENTAL FICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 11,605,834 14,146 0 763 654,765 93,949 537,052 23,764 1,018 83,727 991 67,295 0 50,234 46 611 5,625	ASSI	STANCE - TOTAL EXPENDITURES 22,910,242.18 3,233,690.53 .00 313,665.73 2,953,502.48 1,300,214.90 1,519,083.90 134,203.68 18,665.86 5,810,181.58 102,579.00 2,387,413.36 .00 608,641.47 1,169.65 9,630.00 443,565.64 431,561.96 12,003.68	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34 69.39 103.51 35.48 .00 12.12 25.43 15.76 78.86	MOI ST UNITS/DAYS AY PER ELIG 22.040027000001 1.243 178 1.020045002 159002 128000001001001	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64 103.51 748.64 .00 26.92 146.21 47.91 227.70	P AGE \$	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526,572 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 133,181 4,035 0 609 13,980 8,962 3,392 2,147 486 5,749 991 3,189 0 22,606 8 201 1,948 1,854 106	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 11,605,834 14,146 0 763 654,765 93,949 537,052 23,764 1,018 83,727 991 67,295 0 50,234 46 611 5,625 5,497	ASSI	STANCE - TOTAL EXPENDITURES 22,910,242.18 3,233,690.53 .00 313,665.73 2,953,502.48 1,300,214.90 1,519,083.90 134,203.68 18,665.86 5,810,181.58 102,579.00 2,387,413.36 .00 608,641.47 1,169.65 9,630.00 443,565.64 431,561.96 12,003.68	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34 69.39 103.51 35.48 .00 12.12 25.43 15.76 78.86 78.51	MOI ST UNITS/DAYS AY PER ELIG 22.040 .027 .000 .001 1.243 .178 1.020 .045 .002 .159 .002 .128 .000 .095 .000 .001 .011 .010	NTHLY AVERA COST PER USER \$ 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64 103.51 748.64 .00 26.92 146.21 47.91 227.70 232.77	P AGE \$	AGE 2,972 01/29/04
MOP024 FRESNO COUNTY 526,572 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 133,181 4,035 0 609 13,980 8,962 3,392 2,147 486 5,749 991 3,189 0 22,606 8 201 1,948 1,854 106 282	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 11,605,834 14,146 0 763 654,765 93,949 537,052 23,764 1,018 83,727 991 67,295 0 50,234 46 611 5,625 5,497 128 1,070	ASSI	STANCE - TOTAL EXPENDITURES 22,910,242.18 3,233,690.53 .00 313,665.73 2,953,502.48 1,300,214.90 1,519,083.90 134,203.68 18,665.86 5,810,181.58 102,579.00 2,387,413.36 .00 608,641.47 1,169.65 9,630.00 443,565.64 431,561.96 12,003.68 50,230.09	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34 69.39 103.51 35.48 .00 12.12 25.43 15.76 78.86 78.51 93.78 46.94	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64 103.51 748.64 .00 26.92 146.21 47.91 227.70 232.77 113.24 178.12	P AGE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00 .60 5.61 2.47 2.88 .25 .04 11.03 .19 4.53 .00 1.16 .00 .02 .84 .82 .02
MOP024 FRESNO COUNTY 526,572 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 133,181 4,035 0 609 13,980 8,962 3,392 2,147 486 5,749 991 3,189 0 22,606 8 201 1,948 1,854 1,06 282 2,826	## APPLICATION OF STATE ## APPLICATION OF SERVICE ## OF CARE ## 11,605,834 ## 14,146 ## O	ASSI	STANCE - TOTAL EXPENDITURES 22,910,242.18 3,233,690.53 .00 313,665.73 2,953,502.48 1,300,214.90 1,519,083.90 134,203.68 18,665.86 5,810,181.58 102,579.00 2,387,413.36 .00 608,641.47 1,169.65 9,630.00 443,565.64 431,561.96 12,003.68 50,230.09 488,538.21	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34 69.39 103.51 35.48 .00 12.12 25.43 15.76 78.86 78.86 78.51 93.78 46.94 50.93	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64 103.51 748.64 .00 26.92 146.21 47.91 227.70 232.77 113.24 178.12 172.87	P AGE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00 .60 5.61 2.47 2.88 .25 .04 11.03 .19 4.53 .00 1.16 .00 .02 .84 .82 .02 .10
MOP024 FRESNO COUNTY 526,572 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 133,181 4,035 0 609 13,980 8,962 3,392 2,147 486 5,749 991 3,189 0 22,606 8 201 1,948 1,854 106 282 2,826 121	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 11,605,834 14,146 0 763 654,765 93,949 537,052 23,764 1,018 83,727 991 67,295 0 50,234 46 611 5,625 5,497 128 1,070 9,593 2,254	ASSI	STANCE - TOTAL EXPENDITURES 22,910,242.18 3,233,690.53 .00 313,665.73 2,953,502.48 1,300,214.90 1,519,083.90 134,203.68 18,665.86 5,810,181.58 102,579.00 2,387,413.36 .00 608,641.47 1,169.65 9,630.00 443,565.64 431,561.96 12,003.68 50,230.09 488,538.21 286,538.16	AVERAGE COMPER UNIT/DMS 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34 69.39 103.51 35.48 .00 12.12 25.43 15.76 78.86 78.51 93.78 46.94 50.93 127.12	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64 103.51 748.64 .00 26.92 146.21 47.91 227.70 232.77 113.24 178.12 172.87 2368.08	P AGE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00 .60 5.61 2.47 2.88 .25 .04 11.03 .19 4.53 .00 1.16 .00 .02 .84 .82 .02 .10
MOP024 FRESNO COUNTY 526,572 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 133,181 4,035 0 609 13,980 8,962 3,392 2,147 486 5,749 991 3,189 0 22,606 8 201 1,948 1,854 1,06 282 2,826	## APPLICATION OF STATE ## APPLICATION OF SERVICE ## OF CARE ## 11,605,834 ## 14,146 ## O	ASSI	STANCE - TOTAL EXPENDITURES 22,910,242.18 3,233,690.53 .00 313,665.73 2,953,502.48 1,300,214.90 1,519,083.90 134,203.68 18,665.86 5,810,181.58 102,579.00 2,387,413.36 .00 608,641.47 1,169.65 9,630.00 443,565.64 431,561.96 12,003.68 50,230.09 488,538.21	AVERAGE CO: PER UNIT/D: \$ 1.97 228.59 .00 411.10 4.51 13.84 2.83 5.65 18.34 69.39 103.51 35.48 .00 12.12 25.43 15.76 78.86 78.86 78.51 93.78 46.94 50.93	MOI ST UNITS/DAYS AY PER ELIG	NTHLY AVERA COST PER USER 172.02 801.41 .00 515.05 211.27 145.08 447.84 62.51 38.41 1010.64 103.51 748.64 .00 26.92 146.21 47.91 227.70 232.77 113.24 178.12 172.87	P AGE \$	AGE 2,972 01/29/04 COST PER ELIGIBLE 43.51 6.14 .00 .60 5.61 2.47 2.88 .25 .04 11.03 .19 4.53 .00 1.16 .00 .02 .84 .82 .02 .10 .93

10,963

27,764

36,837

RADIOLOGY

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

17,265 43,439

132,235

84.09

41.35

27.84

.033

.082

.251

132.42

64.69

99.93

1,451,759.57

1,795,995.22

3,681,036.50

2.76

3.41

6.99

LOCAL EDUCATION AGENCIES	61,551	350,887	2,779,128.00	7.92	.666	45.15	5.28
EPSDT SUPPLEMENTAL SERVICE	103	34,707	850,416.59	24.50	.066	8256.47	1.62
RESPIRATORY CARE PRACT.	34	34	1,002.32	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23,012	10,328,102	2,572,685.83	.25	19.614	111.80	4.89
@CALIF. CHILDREN SERVICES*	16,026	1,175,315	\$ 29,348,301.12	\$ 24.97	2.232	\$ 1831.29	\$ 55.73
@XOVER EXCLUDING STATE HOSP**	74,576	1,129,575	\$ 10,763,045.66	\$ 9.53	2.145	\$ 144.32	\$ 20.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,973 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC -	- AGED ATI	D CODE	: 14 1H 1U	1 X				,, -
11125110 0001111		1020 1011 111 110	200	11022			M	ONT	HLY AVERA	GE	
33,632 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
		OR DAYS OF CARE							USER		ELIGIBLE
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM	23,024	588,828	\$	12,090,948.39 760,470.06 119,049.52 81,302.27 .00 32,301.80	\$	20.53	17.508		525.15	\$	359.51
@PHYSICIANS SERVICES	6,107	23,916	\$	760,470.06	\$	31.80	.711	\$	124.52	\$	22.61
OUTPATIENT VISITS	2,204	3,173	•	119,049.52	·	37.52	.094	•	54.02	·	3.54
OFFICE VISITS	1,733	2,470		81,302.27		32.92	.073		46.91		2.42
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	380	0 440 0 0 263 1,542 1,480 58		32,301.80		37.52 32.92 .00 73.41 .00	.073 .000 .013		85.00		.96
PREVENTIVE CARE	0	0					.000		.00		.00
EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS	0	0		.00		.00 20.71 43.95 41.03 118.36 42.90 41.05 41.05 .00 65.94 293.48 214.78 9.41 191.05 279.62 99.78 26.80 119.71 11.26 33.36	.000		.00		.00
OTHER OUTPATIENT	215	263		5,445.45		20.71	.008		25.33		.16
INPATIENT VISITS	339	1,542		67,765.82		43.95	.046		199.90		2.01
HOSPITAL VISITS	336	1,480		60,729.52		41.03	.044		180.74		1.81
CRITICAL CARE	20	58		6,864.70		118.36	.002		343.24		.20
INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE		4		171.60		42.90	.000		171.60		.01
OPHTHALMOLOGICAL SERVICES	153	196		8,046.61 8,046.61		41.05	.006		52.59		.24
F: X A M I N A I I I O N S	153	196 196 0 1,243		8,046.61		41.05	.006		52.59		.24
SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	162	1,243		81,960.51		65.94	.037		505.93		2.44
PRINCIPAL SURGEON	130	230		67,501.43		293.48	.007		519.24		2.01
ASSISTANT SURGEON	23	24		5,154.60		214.78	.001		224.11		.15
ANESTHESIOLOGIST	38	989		9,304.48		9.41	.029		244.85		.28
OUTPATIENT SURGERY	312	555		106,034.32		191.05	.017		339.85		3.15
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS	284	230 24 989 555 360 2 193 251 2,033 2,346 0 1,035 11,542 237,645 69,229		5,154.60 9,304.48 106,034.32 100,662.19 199.55		279.62	.011		354.44		2.99
ASSISTANT SURGEON	2	2		199.55		99.78	.000		99.78		.01
ANESTHESIOLOGIST	42	193		5,172.58		26.80	.006		123.16		.15
DIALYSIS	99	251		30,046.46 22,900.64		119.71	.007		303.50 33.29		.89
PATHOLOGY	688	2,033		22,900.64		11.26	.060		33.29		.68
RADIOLOGY	1,053	2,346		22,900.64 78,251.35 .00 30,791.16 215,623.67 4,286,253.24 4,098,083.86 206,150.88 3,891,932.98 188,169.38 359,055.90 48,942.20		33.36	.070		74.31		2.33
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	143	1,035		30,791.16		29.75	.031		215.32		.92
OTHER SERVICES/ALL X-OVERS	3,451	11,542	_	215,623.67		18.68	.343	_	62.48		6.41
@PHARMACY	18,197	237,645	Ş	4,286,253.24	Ş	18.04	7.066	Ş		\$	127.45
PRESCRIPTION DRUGS	1/,/65	69,229 3,917 65,312 168,416		4,098,083.86		59.20	2.058		230.68		121.85
SNF/ICF	710	3,91/		206,150.88		52.63	.116		290.35		6.13
OUTPATIENTS	17,098	65,312		3,891,932.98		59.59	1.942		227.63		115.72
MEDICAL SUPPLIES	2,198	168,416 7,510 3,998	d	188,169.38	ä	1.12	5.008	4	85.61	4	5.59
@DENTIST	1,602	7,510	\$	359,055.90 48,942.20	Ş	47.81	.223	Ş	224.13	Ş	
VISITS - DIAGNOSTIC	997	3,998 946		48,942.20		12.24	.119		49.09		1.46
ORAL SURGERY	305	946		46,872.75		49.55	.028		153.68		1.39
DRUGS	U	5 5		.00 500.00		.00	.000		.00		.00
ANEST HESTA	167	178		500.00 22,323.00		100.00 125.41	.000		100.00 133.67		.66
PERIODONTICS	65	1/8		22,323.00 19,751.00 89,240.00		143.41			303.86		.59
ENDODONTICS RESTORATIVE DENTISTRY	388	09 1 125		19,/31.00		441.74 70 22	.003		230.00		
PROSTHETICS	388 19	89 1,125 21		640.00		221.92 79.32 30.48	.033		33.68		.02
LI/ODIUFII/OD	19	21		040.00		30.40	.001		33.00		.02

DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS OPTHODONTIC SERVICES	363 0 0	1,103 0 0	130,786.95 .00 .00	.00	.033 .000 .000	360.29 .00 .00	3.89 .00 .00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
OKTHODONIIC BEKVICES	U	0	.00		.000	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	31	45	.00.		.001	.00.	.00
MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES	MONIH-OF-PAYMENT	REPORT FOR JAN	ZUUS IHRU DEC	2 2003	PAGE 2,974 01/29/04
FRESNO COUNTY		ICES FOR MN - NO S	OC - ACED AT	ח מססב 1/ 1 בין	T 1 V		01/29/04
PRESNO COUNTI	DUMPINION DERV	ICES FOR MIN - NO S	OC - AGED AI	D CODE 14 III IC	MONT	THI.V AVERA	GE
33,632 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
337032 111012110	05216	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	574	1,463	30,622.97		.044 \$	53.35	
DIAGNOSTIC AND ANC. PROCED	205	207	8,567.60	41.39	.006	41.79	.25
EYE APPLIANCES	369	1.056	18,172.69		.031	49.25	.54
EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	136	200	3,882.68		.006	28.55	.12
@CHIROPRACTOR	13	28 \$.001 \$	26.07	
VISITS	5	10	167.20		.000	33.44	.00
OTHER SERVICES	9	18	171.77		.001	19.09	.01
@PODIATRIST	331	463 \$	7,541.44		.014 \$	22.78	\$.22
MEDICINE/INJECTIONS	60	66	2,063.47	31.26	.002	34.39	.06
SURGERY/ANES.	5	7	651.27	93.04	.000	130.25	.02
RADIO./PATHOLOGY	7	7	121.10		.000	17.30	.00
OTHER	273	383	4,705.60	12.29	.011	17.24	.14
@HOME HEALTH AGENCY	66	456 \$	32,703.45	\$ 71.72	.014 \$	495.51	
NURSE ANESTHESIST	15	104 \$	1,200.66		.003 \$	80.04	\$.04
NURSE MIDWIFE	136 13 5 9 331 60 5 7 273 66 15	0 \$.00		.000 \$.00	\$.00
	•	· ·	.00		.000 \$.00	
FAMILY NURSE PRACTITIONER	15 3,932	33 \$	824.78		.001 \$	54.99	
@TOTAL HOSPITAL	3,932	20,708	2,869,858.30		.616 \$	729.87	
HOSP INPATIENT TOTAL	456 276	2,883	2,328,475.14		.086	5106.31	69.23
HSC HOSPITALS	276	1,716	1,841,743.14		.051	6672.98	54.76
NON-HSC HOSPITAL TOTAL	276 38 38	256	371,117.86		.008	9766.26	11.03
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	38	256	109,650.64		.008	2885.54	3.26
ADMINISTRATIVE DAYS	6	32	7,251.10		.001	1208.52	.22
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	32	224	102,399.54		.007	3199.99	3.04
ANCILLARIES	38	0 911	261,467.22		.000	6880.72	7.77
ALL OTHER INPATIENT	147	911	115,614.14 .00		.027 .000	786.49 .00	3.44
HOSP OUTPATIENT TOTAL	0 3,678	17,825	541,383.16		.530	147.19	16.10
MEDICAL	565	1,030	50,866.81		.031	90.03	1.51
SURGERY	154	168	12,514.19		.005	81.26	.37
PATHOLOGY	984	4,242	49,539.95		.126	50.35	1.47
RADIOLOGY	731	1,402	110,109.25		.042	150.63	3.27
ROOM USE	1,590	2,607	106,088.82		.078	66.72	3.15
CROSSOVERS/ALL OTH OUTPTNT		8,376	212,264.14		. 249	94.68	6.31
@COUNTY HOSPITAL TOTAL	20	98 \$.003 \$	652.86	
CO HOSPITAL INPATIENT TOTAL		9	10,835.00		.000	2708.75	.32
HSC HOSPITALS	4	9	10,835.00	1203.89	.000	2708.75	.32
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	89	2,222.29		.003	130.72	.07
MEDICAL	3	8	298.49	37.31	.000	99.50	.01

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	30	360.16	12.01	.001	90.04	.01
RADIOLOGY	2	6	652.31	108.72	.000	326.16	.02
ROOM USE	6	10	367.13	36.71	.000	61.19	.01
CROSSOVERS/ALL OTH OUTPTNT	11	35	544.20	15.55	.001	49.47	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 2,975
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	S FOR MN - NO SOC	- AGED AID	CODE 14 1H 1U	1X		
					MON'	THLY AVERAG	E
33,632 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,912	20,610 \$	2,856,801.01	\$ 138.61	.613 \$	730.27	\$ 84.94
COMM HOSP INPATIENT TOTAL	452	2,874	2,317,640.14	806.42	.085	5127.52	68.91
HSC HOSPITALS	272	1,707	1,830,908.14	1072.59	.051	6731.28	54.44
NON-HSC HOSPITALS TOTAL	38	256	371,117.86	1449.68	.008	9766.26	11.03
ACCOMMODATIONS	38	256	109,650.64	428.32	.008	2885.54	3.26

ADMINISTRATIVE DAYS	6	32	7,251.10		226.60	.001		1208.52		.22
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	32	224	102,399.54		457.14	.007		3199.99		3.04
ANCILLARIES	38	0				.000		6880.72		7.77
INPATIENT CROSSOVERS	147	911	115,614.14		126.91	.027		786.49		3.44
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL			.00		.00	.527				16.03
	3,661	17,736	539,160.87		30.40	.527		147.27		
MEDICAL	562	1,022	50,568.32		49.48	.030		89.98		1.50
SURGERY	154	168	12,514.19		74.49	.005		81.26		.37
PATHOLOGY	980	4,212	49,179.79		11.68	.125		50.18		1.46
RADIOLOGY	729	1,396	109,456.94		78.41	.042		150.15		3.25
ROOM USE	1,584	2,597	105,721.69		40.71	.077		66.74		3.14
CROSSOVERS/ALL OTH OUTPTNT		8,341	211,719.94		25.38	.248		94.90		6.30
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	•	.00		.00
DEVELOP DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	800	19,198 \$		\$.571	Ċ		Ġ	73.01
SUOUSING LACIDIII	000	68	6,054.28	Ÿ	89.03	.002	Y	3027.14	Ÿ	.18
LEV A-INIERMEDIALE	2	0				.002		.00		
TEA R-KEHAR MD	0		.00		.00					.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACULE HSPIL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0 0 0 799 1	19,130				.569		3065.74		72.83
@INTERMEDIATE CARE FACILDD	1	59 \$	10,754.91	\$	182.29	.002	\$	10754.91	\$.32
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	1	59	10,754.91		182.29	.002		10754.91		.32
@HEMODIALYSIS TOTAL	181	4,866 \$	305,630.66	Ś	62.81			1688.57	Ś	9.09
LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	25	46	100,774.04	٧	2190.74	.001	~	4030.96	٧	3.00
HEMODIALVSIS CENTER	156	4,820	204,856.62		42.50	.143		1313.18		6.09
ADELIADI TEATION EACH TEV	10	61 \$	1,748.43	\$.002	بي	97.14	۲,	.05
WKEHABILIIAIION FACILIII	10						Ą		Ą	
HUSPITAL BASED	18	61	1,748.43		28.66	.002		97.14		.05
INDEPENDENT FACILITY	0	0	.00		.00	.000	4.	.00	4.	.00
@LABORATORY FACILITY	655	4,172 \$		\$	9.71	.124	Ş	61.88	Ş	1.21
PATHOLOGY	648	4,153	40,488.74		9.75	.123		62.48		1.20
XO AND OTHERS	7	19	41.66		2.19	.001		5.95		.00
@ORGANIZED OUTPATIENT CLINIC	1,841	3,268 \$	190,498.37	\$	58.29	.097	\$	103.48	\$	5.66
CLINIC	34	162	2,679.23		16.54	.005		78.80		.08
SURGICENTER	88	276	14,856.92		53.83	.008		168.83		.44
HEROIN DETOX CLINIC	1	13	157.94		12.15	.000		157.94		.00
RURAL HEALTH CLINIC	1,730	2,817	172,804.28		61.34	.084		99.89		5.14
	MEDI-CAL SERVIC	CES AND EXPENDITURES		EDORT			DEC		Б	AGE 2,976
MOP024	FEE-FOR-SERVICE		MOIVIII OI IIIIMINI N	CDI OIC.	1 1 010 07110	2005 11110	рцс	2005	-	01/29/04
FRESNO COUNTY		VICES FOR MN - NO SO	C ACED AID	CODI	7 1 1 U 1 U 1 U	1 v				01/29/04
FRESNO COUNTI	SUMMARI OF SERV	ICES FOR MIN - NO SO	C - AGED AID	ועטט נ	r 14 IU IO	M	صمتر ا	א מידוא אזודים	α E.	
22 622 BLIGIBLES	HOEDG	UNITS OF SERVICE	EADEMDIMIDEC	73 7 7 7 7	IDAGE GOGE					
33,632 ELIGIBLES	USERS		EXPENDITURES							COST PER
	0.006	OR DAYS OF CARE	505 000 05			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,836 124	264,878 \$	737,332.35	\$		7.876	Ş	259.99	Ş	21.92
DURABLE MED. EQUIP.		269	52,060.70		193.53	.008		419.84		1.55
BLOOD BANK	0	0	.00		.00	.000		.00		.00
HEARING AID DISPENSERS	67	77	45,447.09		590.22	.002		678.31		1.35
MEDICAL TRANSPORTATION	613	27,477	129,739.27		4.72	.817		211.65		3.86
AMBULANCES/AIR TRANS	304	3,114	41,826.46		13.43	.093		137.59		1.24
OTHER TRANS	221	23,118	73,032.60		3.16	.687		330.46		2.17
OTHER SERVICES	119	1,245	14,880.21		11.95	.037		125.04		.44
ACUPUNCTURE	12	22	432.51		19.66	.001		36.04		.01
ACUPUNCTURE ADULT DAY HEALTH CARE CTR	319	4,919	341,050.77		69.33	.146		1069.12		10.14
	0	4,919								
GENETIC DISEASE TESTING			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	115	272	30,163.91		110.90	.008		262.29		.90
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00		.00

OPTICIAN	742	1,748	28,427.21	16.26	.052	38.31	.85
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	23	70	309.57	4.42	.002	13.46	.01
PROSTHETIST/ORTHOTISTS	46	95	2,535.83	26.69	.003	55.13	.08
PROSTHETICS	45	94	2,440.83	25.97	.003	54.24	.07
ORTHOTICS	1	1	95.00	95.00	.000	95.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	140	232	19,652.03	84.71	.007	140.37	.58
HOSPICE SERVICES	12	197	21,610.85	109.70	.006	1800.90	.64
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	839	229,500	65,902.61	.29	6.824	78.55	1.96
@CALIF. CHILDREN SERVICES*	3	3	\$ 137.70	\$ 45.90	.000	\$ 45.90	\$.00
@XOVER EXCLUDING STATE HOSP**	4,845	48,613	\$ 787,514.34	\$ 16.20	1.445	\$ 162.54	\$ 23.42

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,977 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

FRESNO COUNTY	SUMMARY OF SER	VICES FOR MIN - NO	SOC -	BLIND	AID CODE			
						MON	THLY AVERA	GE
208 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	115	5,263	\$	84,493.52	\$ 16.05	25.303	734.73	\$ 406.22
@PHYSICIANS SERVICES	25	39	\$	1,005.67	\$ 25.79	.188	40.23	\$ 4.83
OUTPATIENT VISITS	6	6		174.36	29.06	.029	29.06	.84
OFFICE VISITS	5	5		129.76	25.95	.024	25.95	.62
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		44.60	44.60	.005	44.60	.21
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.005	46.44	.22
EXAMINATIONS	1	1		46.44	46.44	.005	46.44	.22
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	4		20.78	5.20	.019	10.39	.10
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		25.00	25.00	.005	25.00	.12
OTHER SERVICES/ALL X-OVERS	19	27		739.09	27.37	.130	38.90	3.55
@PHARMACY	83	3,504	\$	34,451.62	\$ 9.83	16.846	415.08	\$ 165.63
PRESCRIPTION DRUGS	74	403		32,745.74	81.25	1.938	442.51	157.43
SNF/ICF	12	88		7,240.78	82.28	.423	603.40	34.81
OUTPATIENTS	62	315		25,504.96	80.97	1.514	411.37	122.62

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	18	3,101	1,705.88		.55	L4.909	94.	77	8.20
@DENTIST	16	74 \$	3,256.00	\$	44.00	.356	\$ 203.	50	\$ 15.65
VISITS - DIAGNOSTIC	11	52	631.00		12.13	.250	57.	36	3.03
ORAL SURGERY	6	10	462.00		46.20	.048	77.	00	2.22
DRUGS	0	0	.00		.00	.000		00	.00
ANESTHESIA	0	0	.00		.00	.000		00	.00
PERIODONTICS	0	0	.00		.00	.000		00	.00
ENDODONTICS	0	0	.00		.00	.000		00	.00
RESTORATIVE DENTISTRY	2	7	348.00		49.71	.034	174.	00	1.67
PROSTHETICS	0	0	.00		.00	.000		00	.00
DENTURES, STAYPLATES	3	5	1,815.00	3	63.00	.024	605.	00	8.73
SPACE MAINTAINERS	0	0	.00		.00	.000		00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		00	.00
ALL OTHER SERVICES	0	0	.00		.00	.000		00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT R	EPORT F	OR JAN 2003	3 THRU	DEC 2003		PAGE 2,978
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	MN - NO S	OC - BLIND	A	ID CODE 24				

----- MONTHLY AVERAGE -----208 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY .034 \$ 7 314.52 44.93 104.84 \$ @OPTOMETRIST 3 1.51 47.45 DIAGNOSTIC AND ANC. PROCED 1 47.45 .005 47.45 .23 267.07 44.51 89.02 EYE APPLIANCES 6 .029 1.28 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .000 @CHIROPRACTOR .00 \$.00 \$.00 .00 .00 .00 .000 .00 VISITS .00 OTHER SERVICES .00 .00 .000 .00 .00 8 @PODIATRIST 37.23 4.65 .038 6.21 .18 MEDICINE/INJECTIONS 21.40 21.40 .005 21.40 .10 SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY OTHER 15.83 2.26 .034 3.17 .08 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 .00 NURSE ANESTHESIST .00 \$.00 .000 .00 .00 .00 .00 .000 .00 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 0 FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 228.71 10 18 12.71 .087 22.87 @TOTAL HOSPITAL 1.10 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS .000 0 .00 ALL OTHER INPATIENT .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 10 18 228.71 12.71 .087 22.87 1.10 MEDICAL .00 .00 .000 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 7.50 PATHOLOGY 29.98 .019 29.98 .14 .00 RADIOLOGY 0 .00 .000 .00 .00 3 101.35 33.78 .014 33.78 .49 ROOM USE 97.38 CROSSOVERS/ALL OTH OUTPTNT 11 8.85 .053 16.23 .47 1 28.13 28.13 28.13 @COUNTY HOSPITAL TOTAL .005 \$.14 0 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00

			0		0.0	•	0.0	200	0.0		0.0
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1		1		28.13		28.13	.005	28.13		.14
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT			1		28.13		28.13	.005	28.13		.14
#CALIF DEPT OF HEALTH SERV			ENDITURE	S MON'	TH-OF-PAYMENT	REPO	RT FOR JAN 2	2003 THRU D	EC 2003]	PAGE 2,979
MOP024	FEE-FOR-SERVICE										01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR	MN - NO	SOC -	BLIND		AID CODE				
								MO			
208 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		VERAGE COST				COST PER
	_	OR DAYS				_	ER UNIT/DAY	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9			\$	200.58		11.80	.082			
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000			.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	9		17		200.58		11.80	.082	22.29		. 96
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	1		4		29.98		7.50	.019	29.98		.14
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	3		3		101.35		33.78	.014	33.78		. 49
CROSSOVERS/ALL OTH OUTPTNT	5		10		69.25		6.93	.048	13.85		.33
@STATE HOSPITAL	0			\$.00			.000			.00
MENTALLY ILL	0		0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	15			\$	42,362.11		111.48		\$ 2824.14		203.66
LEV A-INTERMEDIATE	0		0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	15		380		42,362.11		111.48	1.827	2824.14		203.66
@INTERMEDIATE CARE FACILDD	0			\$.00			.000		\$.00
ICF DDH	0		0		.00		.00	.000	.00		.00
ICF DD	0		0		.00		.00	.000	.00		.00
TCE DDM/DDCM	Λ		Λ		0.0	٦.	0.0	0.00	0.0		0.0

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

@LABORATORY FACILITY

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3 \$	305.68	\$ 101.89	.014 \$	152.84	\$ 1.47
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3	305.68	101.89	.014	152.84	1.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REP	ORT FOR JAN 2	003 THRU DEC	2003	PAGE 2,980
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FO	R MN - NO SOC -	- BLIND	AID CODE	24		
					MONT	CHLY AVERAG	GE
208 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17	1,229 \$	2,085.98	\$ 1.70	5.909 \$	122.70	\$ 10.03
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	241		1,302.53	5.40	1.159	162.82	6.26
AMBULANCES/AIR TRANS	3	15		331.92	22.13	.072	110.64	1.60
OTHER TRANS	5	203		690.11	3.40	.976	138.02	3.32
OTHER SERVICES	3	23		280.50	12.20	.111	93.50	1.35
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	3		58.04	19.35	.014	29.02	.28
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2		1.13	.57	.010	1.13	.01
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	189		400.47	2.12		400.47	1.93
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	794		323.81	.41	3.817	64.76	1.56
@CALIF. CHILDREN SERVICES*	2	2	\$	42.39	\$ 21.20		•	•
@XOVER EXCLUDING STATE HOSP**	33	2,723	\$	2,725.14	\$ 1.00	13.091	\$ 82.58	\$ 13.10
○★ MOMATO TAI MUDOD TIATO ADD OTUT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TATE ODAGA ELECAT	TENTAL ONTE SE					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,981 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

SUMMARI OF SER	VICES FOR MIN - NO S	- 30C	DISABLED 04	OG OH OU OV OA	oG .			
					MO	NTHLY AVERA	4GE	
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
17,077	483,163 \$	3	18,265,046.41	\$ 37.80	23.537	\$ 1069.57	\$	889.76
5,760	44,477 \$	3	1,225,300.22	\$ 27.55	2.167	\$ 212.73	\$	59.69
2,299	3,854		150,741.86	39.11	.188	65.57		7.34
1,259	1,845		59,448.95	32.22	.090	47.22		2.90
9	11		548.60	49.87	.001	60.96		.03
724	1,036		70,485.70	68.04	.050	97.36		3.43
0	0		.00	.00	.000	.00		.00
2	13		349.16	26.86	.001	174.58		.02
602	949		19,909.45	20.98	.046	33.07		.97
714	4,039		166,327.00	41.18	.197	232.95		8.10
626	3,664		139,028.75	37.94	.178	222.09		6.77
58	169		19,325.35	114.35	.008	333.20		.94
92	206		7,972.90	38.70	.010	86.66		.39
114	133		5,794.62	43.57	.006	50.83		.28
114	133		5,794.62	43.57	.006	50.83		.28
0	0		.00	.00	.000	.00		.00
393	1,905		244,097.04	128.13	.093	621.11		11.89
350	1,150		221,579.82	192.68	.056	633.09		10.79
43	54		10,490.94	194.28	.003	243.98		.51
50	701		12,026.28	17.16	.034	240.53		.59
349	694		84,028.53	121.08	.034	240.77		4.09
324	422		76,582.49	181.48	.021	236.37		3.73
4	7		1,454.21	207.74	.000	363.55		.07
41	265		5,991.83	22.61	.013	146.14		. 29
	USERS 17,077 5,760 2,299 1,259 9 724 0 2 602 714 626 58 92 114 114 0 393 350 43 50 349 324 4	USERS UNITS OF SERVICE OR DAYS OF CARE 17,077	USERS UNITS OF SERVICE OR DAYS OF CARE 17,077	USERS UNITS OF SERVICE OR DAYS OF CARE 17,077	USERS UNITS OF SERVICE OR DAYS OF CARE 17,077	USERS UNITS OF SERVICE OR DAYS OF CARE 17,077	USERS UNITS OF SERVICE OR DAYS OF CARE 17,077	USERS UNITS OF SERVICE OR DAYS OF CARE 17,077

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	196	810		63,258.79		78.10	.039		322.75		3.08
PATHOLOGY	500	1,624		26,790.39		16.50	.079		53.58		1.31
RADIOLOGY	1,168	3,825		121,314.38		31.72	.186		103.87		5.91
PSYCHIATRY	1	2		83.38		41.69	.000		83.38		.00
IMMUNIZATION AND INJECTION	149	4,324		145,362.09		33.62	.211		975.58		7.08
OTHER SERVICES/ALL X-OVERS	2,881	23,267		217,502.14		9.35	1.133		75.50		10.60
@PHARMACY	12,569	182,187	\$	4,943,173.96	\$		8.875		393.28	\$	240.80
PRESCRIPTION DRUGS	12,232	58,169		4,687,405.69		80.58	2.834		383.21		228.34
SNF/ICF	484	3,356		240,210.57		71.58	.163		496.30		11.70
OUTPATIENTS	11,793	54,813		4,447,195.12		81.13	2.670		377.10		216.64
MEDICAL SUPPLIES	1,899	124,018		255,768.27		2.06	6.041		134.69		12.46
@DENTIST	1,478	6,959	\$	319,954.94	\$	45.98	.339	\$	216.48	\$	15.59
VISITS - DIAGNOSTIC	913	3,824		46,296.07		12.11	.186		50.71		2.26
ORAL SURGERY	256	865		48,491.54		56.06	.042		189.42		2.36
DRUGS	1	1		15.00		15.00	.000		15.00		.00
ANESTHESIA	5	5		400.00		80.00	.000		80.00		.02
PERIODONTICS	210	225		28,498.50		126.66	.011		135.71		1.39
ENDODONTICS	73	107		23,449.50		219.15	.005		321.23		1.14
RESTORATIVE DENTISTRY	426	1,249		100,353.25		80.35	.061		235.57		4.89
PROSTHETICS	18	18		450.00		25.00	.001		25.00		.02
DENTURES, STAYPLATES	199	626		71,589.00		114.36	.030		359.74		3.49
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	2	2		412.08		206.04	.000		206.04		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		.00		.00	.000		.00		.00
ALL OTHER SERVICES	20	36		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	GE 2,982
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR MN - N	O SO	C - DISABLED 64 6	5G 6H	6U 6V 6	X 8G				
							M	ONTE	ILY AVERA	GE -	

							M	Γ NO	THLY AVERA	GΕ	
20,528 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	420	1,196	\$	25,464.13	\$	21.29	.058	\$	60.63	\$	1.24
DIAGNOSTIC AND ANC. PROCED	194	198		8,934.86		45.13	.010		46.06		.44
EYE APPLIANCES	321	923		15,391.73		16.68	.045		47.95		.75
OTHER OPTOMETRIC SERVICES	43	75		1,137.54		15.17	.004		26.45		.06
@CHIROPRACTOR	37	65	\$	1,084.28	\$	16.68	.003	\$	29.30	\$.05
VISITS	36	63		1,050.84		16.68	.003		29.19		.05
OTHER SERVICES	2	2		33.44		16.72	.000		16.72		.00
@PODIATRIST	232	363	\$	6,445.44	\$	17.76	.018	\$	27.78	\$.31
MEDICINE/INJECTIONS	76	84		2,324.89		27.68	.004		30.59		.11
SURGERY/ANES.	4	4		38.25		9.56	.000		9.56		.00
RADIO./PATHOLOGY	6	8		138.40		17.30	.000		23.07		.01
OTHER	164	267		3,943.90		14.77	.013		24.05		.19
@HOME HEALTH AGENCY	120	10,394	\$	333,263.38	\$	32.06	.506	\$	2777.19	\$	16.23
NURSE ANESTHESIST	6	38	\$	568.21	\$	14.95	.002	\$	94.70	\$.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	11	16	\$	387.87	\$	24.24	.001	\$	35.26	\$.02
@TOTAL HOSPITAL	3,876	34,047	\$	7,896,435.39	\$	231.93	1.659	\$	2037.26	\$	384.67
HOSP INPATIENT TOTAL	737	7,589		7,154,556.56		942.75	.370		9707.68		348.53
HSC HOSPITALS	604	6,420		6,687,580.40		1041.68	.313		11072.15		325.78
NON-HSC HOSPITAL TOTAL	50	509		380,495.79		747.54	.025		7609.92		18.54
ACCOMMODATIONS	50	509		136,028.28		267.25	.025		2720.57		6.63
ADMINISTRATIVE DAYS	30	382		87,420.19		228.85	.019		2914.01		4.26
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	127		48,608.09		382.74	.006		2314.67		2.37
ANCILLARIES	50	0		244,467.51		.00	.000		4889.35		11.91
INPATIENT CROSSOVERS	96	660		86,480.37		131.03	.032		900.84		4.21
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	3,415	26,458	741,878.83	28.04	1.289	217.24	36.14
MEDICAL	583	1,139	57,576.13	50.55	.055	98.76	2.80
SURGERY	145	186	9,953.33	53.51	.009	68.64	.48
PATHOLOGY	1,188	6,583	73,863.88	11.22	.321	62.17	3.60
RADIOLOGY	701	1,666	139,223.34	83.57	.081	198.61	6.78
ROOM USE	1,575	3,314	134,599.61	40.62	.161	85.46	6.56
CROSSOVERS/ALL OTH OUTPTNT	2,082	13,570	326,662.54	24.07	.661	156.90	15.91
@COUNTY HOSPITAL TOTAL	15	60 \$	19,206.73	\$ 320.11	.003 \$	1280.45	\$.94
CO HOSPITAL INPATIENT TOTAL	3	14	17,864.00	1276.00	.001	5954.67	.87
HSC HOSPITALS	3	14	17,864.00	1276.00	.001	5954.67	.87
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	46	1,342.73	29.19	.002	103.29	.07
MEDICAL	7	8	346.75	43.34	.000	49.54	.02
SURGERY	2	3	165.27	55.09	.000	82.64	.01
PATHOLOGY	3	5	38.82	7.76	.000	12.94	.00
RADIOLOGY	1	2	50.52	25.26	.000	50.52	.00
ROOM USE	9	11	503.57	45.78	.001	55.95	.02
CROSSOVERS/ALL OTH OUTPTNT	4	17	237.80	13.99	.001	59.45	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		MONTH-OF-PAYMENT RI	EPORT FOR JAN 20	03 THRU DE	2003	PAGE 2,983
MOP024	FEE-FOR-SERVICE/DENT						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR MN - NO SO	C - DISABLED 64 (6G 6H 6U 6V 6X 8	-		
					_	THLY AVERA	
20,528 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST U	NITS/DAYS	COST PER	COST PER

					MC	NTHLY AVERA	AGE	
20,528 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,867	33,987	\$ 7,877,228.66	\$ 231.77	1.656	\$ 2037.04	\$	383.73
COMM HOSP INPATIENT TOTAL	735	7,575	7,136,692.56	942.14	.369	9709.79		347.66
HSC HOSPITALS	602	6,406	6,669,716.40	1041.17	.312	11079.26		324.91
NON-HSC HOSPITALS TOTAL	50	509	380,495.79	747.54	.025	7609.92		18.54
ACCOMMODATIONS	50	509	136,028.28	267.25	.025	2720.57		6.63
ADMINISTRATIVE DAYS	30	382	87,420.19	228.85	.019	2914.01		4.26
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	21	127	48,608.09	382.74	.006	2314.67		2.37
ANCILLARIES	50	0	244,467.51	.00	.000	4889.35		11.91
INPATIENT CROSSOVERS	96	660	86,480.37	131.03	.032	900.84		4.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3,407	26,412	740,536.10	28.04	1.287	217.36		36.07
MEDICAL	576	1,131	57,229.38	50.60	.055	99.36		2.79
SURGERY	143	183	9,788.06	53.49	.009	68.45		.48
PATHOLOGY	1,185	6,578	73,825.06	11.22	.320	62.30		3.60
RADIOLOGY	700	1,664	139,172.82	83.64	.081	198.82		6.78
ROOM USE	1,569	3,303	134,096.04	40.60	.161	85.47		6.53
CROSSOVERS/ALL OTH OUTPINT	2,081	13,553	326,424.74	24.09	.660	156.86		15.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	404	11,532	\$ 1,837,365.71	\$ 159.33	.562	\$ 4547.93	\$	89.51
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	27	858	377,767.32	440.29	.042	13991.38		18.40
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	381	10,674	1,459,598.39	136.74	.520	3830.97		71.10
@INTERMEDIATE CARE FACILDD	24	744	\$ 130,477.57	\$ 175.37	.036	\$ 5436.57	\$	6.36

ICF DDH	4	147		21,487.04		146.17	.007		5371.76		1.05
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	20	597		108,990.53		182.56	.029		5449.53		5.31
@HEMODIALYSIS TOTAL	433	10,460	\$	684,338.73	\$	65.42	.510	\$	1580.46	\$	33.34
HOSPITAL BASED	45	117		163,548.33		1397.85	.006		3634.41		7.97
HEMODIALYSIS CENTER	392	10,343		520,790.40		50.35	.504		1328.55		25.37
@REHABILITATION FACILITY	81	480	\$	10,049.79	\$	20.94	.023	\$	124.07	\$.49
HOSPITAL BASED	50	307		6,862.46		22.35	.015		137.25		.33
INDEPENDENT FACILITY	31	173		3,187.33		18.42	.008		102.82		.16
@LABORATORY FACILITY	538	3,394	\$	36,061.02	\$	10.62	.165	\$	67.03	\$	1.76
PATHOLOGY	531	3,381		35,962.77		10.64	.165		67.73		1.75
XO AND OTHERS	7	13		98.25		7.56	.001		14.04		.00
@ORGANIZED OUTPATIENT CLINIC	1,160	2,112	\$	139,382.37	\$	66.00	.103	\$	120.16	\$	6.79
CLINIC	53	166		3,547.01		21.37	.008		66.92		.17
SURGICENTER	29	107		5,634.51		52.66	.005		194.29		.27
HEROIN DETOX CLINIC	9	134		1,455.99		10.87	.007		161.78		.07
RURAL HEALTH CLINIC	1,076	1,705		128,744.86		75.51	.083		119.65		6.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	JRES M	MONTH-OF-PAYMENT RE	EPOR:	r for Jan 200	3 THRU	DEC	2003	Ρź	AGE 2,984
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR MN - N	10 SOC	C - DISABLED 64 6	5G 61	H 6U 6V 6X 8G	1				

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE OR DAYS OF CARE
2,732 174,698 \$ 675,263.92 \$ 3.87 8.510 \$ 247.17 \$ 32.89

171 658 129,639.57 197.02 .032 758.13 6.32

SERS 20 29 6,811.01 234.86 .001 340.55 .33

TION 871 27,504 179,597.50 6.53 1.340 206.20 8.75

RANS 604 7,754 100,296.22 12.93 .378 166.05 4.89

192 18,478 65,646.25 3.55 .900 341.91 3.20

ARE CTR 128 1,484 133,270.52 69.44 .095 1056.80 6.59

STING 1 1 1 1 105.00 105.00 .000 30.64 .000

ARE CTR 128 1,348 135,270.52 69.44 .095 1056.80 6.59

STING 1 1 1 1,050.00 105.00 .000 105.00 .01

DISM,MSSP 23 54 6,364.65 117.86 .003 276.72 .31

PIST 0 0 0 0 .00 .00 .00 .00 .00 .00

1DS,MSSP 23 1,339 17,205.76 12.85 .055 30.08 8.84

0 0 0 0 0 .00 .00 .00 .00 .00 .00

105.00 .00 .00 .00 .00 .00

14 35 55.55 .95 .95 .15.99 .00 .30.99 .00

14 35 55.55 .95 .95 .15.99 .00 .00 .00 .00

1STSS 644 .226 .17,508.29 77.47 .011 .273.57 .85

63 224 17,436.77 77.84 .011 .273.57 .85

64 226 .17,508.29 77.87 .01 .1 .273.57 .85

67 22 497 62,387.26 .15.53 .004 .001 .166.37 .03

GY 87 276 .13,782.11 .49,94 .011 .273.57 .85

ENTERS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00

ENCIES 268 6,447 34,484.66 .5.35 .31.4 .128.67 .1.68

SERVICE 6 509 12,347.84 .24.26 .025 .255.79 .03

ENTIRS 268 135,157 .58,52.77 .43 .6.54 .876 .1.285

CHENTERS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00

ENCIES 268 6,447 .34,484.66 .5.35 .31.4 .128.67 .1.68

SERVICE 6 509 12,347.84 .24.26 .025 .2057.97 .60

RACT. 1 1 2 .2 .347.84 .24.26 .025 .2057.97 .60

RACT. 1 1 2 .2 .347.84 .24.26 .025 .2057.97 .60

RACT. 1 1 2 .2 .347.84 .24.26 .025 .2057.97 .60

RACT. 1 1 2 .2 .347.84 .24.26 .025 .255.79 .50

ENTIRS 268 135,157 .58,52.77 .43 .6.54 .876.1 .285

VICES* 209 14,923 \$ 241,849.35 \$ 16.21 .727 \$ 1157.17 \$ 11.78

THES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

LIKERDY INCLUDED IN THE APPROPERIATE DETAIL LIKES ABOWS. UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 20,528 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0
ALL OTHER PROVIDERS 668
@CALIF. CHILDREN SERVICES* 209
@XOVER EXCLUDING STATE HOSP** 3,487

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,985 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL

FRESNO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

370,827 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	273,369	1,286,458	\$ 70,615,346.93	\$ 54.89	3.469	\$ 258.32	\$ 190.43
@PHYSICIANS SERVICES	41,566	143,555	\$ 7,367,176.71	\$ 51.32	.387	\$ 177.24	\$ 19.87
OUTPATIENT VISITS	27,003	62,477	1,927,031.32	30.84	.168	71.36	5.20
OFFICE VISITS	8,366	10,426	361,128.89	34.64	.028	43.17	.97
HOME VISITS	5	6	299.18	49.86	.000	59.84	.00
EMERGENCY ROOM	7,457	8,378	462,466.64	55.20	.023	62.02	1.25
PREVENTIVE CARE	80	85	3,437.09	40.44	.000	42.96	.01
OB VISITS/COMPRE PERI	8,479	38,652	952,985.53	24.66	.104	112.39	2.57
OTHER OUTPATIENT	4,235	4,930	146,713.99	29.76	.013	34.64	.40
INPATIENT VISITS	4,290	14,838	1,200,518.27	80.91	.040	279.84	3.24
HOSPITAL VISITS	4,002	10,652	509,315.48	47.81	.029	127.27	1.37
CRITICAL CARE	399	4,132	688,887.32	166.72	.011	1726.53	1.86
SNF/ICF/TRANS IP CARE	17	54	2,315.47	42.88	.000	136.20	.01
OPHTHALMOLOGICAL SERVICES	424	526	25,522.21	48.52	.001	60.19	.07

EXAMINATIONS	423	524		25,311.30	48.30	.001		59.84		.07
SERVICES AND MATERIALS	2	2		210.91	105.46	.000		105.46		.00
INPATIENT HOSPITAL SURGERY	4,253	15,305		2,327,479.51	152.07	.041		547.26		6.28
PRINCIPAL SURGEON	3,095	3,784		1,951,956.48	515.84	.010		630.68		5.26
ASSISTANT SURGEON	479	483		90,924.65	188.25	.001		189.82		.25
ANESTHESIOLOGIST	1,354	11,038		284,598.38	25.78	.030		210.19		.77
OUTPATIENT SURGERY	2,864	6,660		513,178.15	77.05	.018		179.18		1.38
PRINCIPAL SURGEON	2,396	3,188		427,000.01	133.94	.009		178.21		1.15
ASSISTANT SURGEON	28	28		3,952.30	141.15	.000		141.15		.01
ANESTHESIOLOGIST	840	3,444		82,225.84	23.88	.009		97.89		.22
DIALYSIS	97	247		45,953.20	186.05	.001		473.74		.12
PATHOLOGY	6,504	14,281		317,594.29	22.24	.039		48.83		.86
RADIOLOGY	10,075	15,337		598,815.26	39.04	.041		59.44		1.61
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	871	3,737		77,569.52	20.76	.010		89.06		.21
OTHER SERVICES/ALL X-OVERS	4,901	10,147		333,514.98	32.87	.027		68.05		.90
@PHARMACY	44,155	143,116	\$	4,489,846.10	\$ 31.37	.386	\$	101.68	\$	12.11
PRESCRIPTION DRUGS	42,878	95,186	•	3,845,219.28	40.40	.257		89.68	•	10.37
SNF/ICF	69	480		30,295.32	63.12	.001		439.06		.08
OUTPATIENTS	42,819	94,706		3,814,923.96	40.28	.255		89.09		10.29
MEDICAL SUPPLIES	3,181	47,930		644,626.82	13.45	.129		202.65		1.74
@DENTIST	66,171	410,779	\$	12,145,486.99	\$ 29.57	1.108	Ś		Ś	32.75
VISITS - DIAGNOSTIC	47,981	274,801	•	3,282,587.14	11.95	.741		68.41	•	8.85
ORAL SURGERY	9,947	19,437		1,207,368.90	62.12	.052		121.38		3.26
DRUGS	2,451	3,552		73,757.22	20.76	.010		30.09		.20
ANESTHESIA	674	690		66,800.00	96.81	.002		99.11		.18
PERIODONTICS	4,605	4,849		585,709.60	120.79	.013		127.19		1.58
ENDODONTICS	5,002	8,143		1,155,653.89	141.92	.022		231.04		3.12
RESTORATIVE DENTISTRY	25,705	88,120		5,007,220.78	56.82	.238		194.80		13.50
PROSTHETICS	245	265		5,945.00	22.43	.001		24.27		.02
DENTURES, STAYPLATES	1,003	3,956		291,100.85	73.58	.011		290.23		.79
SPACE MAINTAINERS	450	573		58,237.20	101.64	.002		129.42		.16
MAXILLOFACIAL SERVICES	416	429		43,287.32	100.90	.001		104.06		.12
FRACTURES, DISLOCATIONS	8	11		6,700.00	609.09	.000		837.50		.02
ORTHODONTIC SERVICES	3,489	4,293		355,419.09	82.79	.012		101.87		.96
ALL OTHER SERVICES	1,106	1,660		5,700.00	3.43	.004		5.15		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,986
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/29/04
FRESNO COUNTY			C-FA	M 34 39 3N 3T 3V 5	54 59 5J 5W-5Y	7 6J 7J 7K				
						M	ONT	HLY AVERA	.GE -	
370,827 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST					COST PER

370,827 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	/	_	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,384	4,064	\$ 99,154.84	\$ 24.40	.011	\$	71.64	\$.27
DIAGNOSTIC AND ANC. PROCED	1,181	1,187	55,601.29	46.84	.003		47.08	.15
EYE APPLIANCES	994	2,842	42,409.52	14.92	.008		42.67	.11
OTHER OPTOMETRIC SERVICES	33	35	1,144.03	32.69	.000		34.67	.00
@CHIROPRACTOR	1,220	2,053	\$ 34,094.32	\$ 16.61	.006	\$	27.95	\$.09
VISITS	1,220	2,053	34,094.32	16.61	.006		27.95	.09
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	82	135	\$ 5,040.16	\$ 37.33	.000	\$	61.47	\$.01
MEDICINE/INJECTIONS	78	88	3,038.74	34.53	.000		38.96	.01
SURGERY/ANES.	4	4	63.00	15.75	.000		15.75	.00
RADIO./PATHOLOGY	11	12	207.60	17.30	.000		18.87	.00
OTHER	15	31	1,730.82	55.83	.000		115.39	.00
@HOME HEALTH AGENCY	191	5,342	\$ 173,934.15	\$ 32.56	.014	\$	910.65	\$.47
NURSE ANESTHESIST	239	1,103	\$ 27,424.70	\$ 24.86	.003	\$	114.75	\$.07
NURSE MIDWIFE	13	33	\$ 3,383.74	\$ 102.54	.000	\$	260.29	\$.01
PEDIATRIC NURSE PRACTITIONER	2	8	\$ 163.37	\$ 20.42	.000	\$	81.69	\$.00
FAMILY NURSE PRACTITIONER	223	448	\$ 11,960.27	\$ 26.70	.001	\$	53.63	\$.03
@TOTAL HOSPITAL	37,541	168,834	\$ 30,876,747.88	\$ 182.88	.455	\$	822.48	\$ 83.26

HOSP INPATIENT TOTAL	4,910	19,914	26,893,777.71	1350.50	.054	5477.35	72.52
HSC HOSPITALS	4,151	17,378	23,933,756.34	1377.24	.047	5765.78	64.54
NON-HSC HOSPITAL TOTAL	779	2,536	2,958,341.37	1166.54	.007	3797.61	7.98
ACCOMMODATIONS	760	2,536	1,022,324.33	403.12	.007	1345.16	2.76
ADMINISTRATIVE DAYS	23	115	26,658.08	231.81	.000	1159.05	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	737	2,421	995,666.25	411.26	.007	1350.97	2.68
ANCILLARIES	777	2,421	1,936,017.04	.00	.000	2491.66	5.22
INPATIENT CROSSOVERS	2	0	1,680.00	.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL		148,920	3,982,970.17	26.75	.402	114.08	10.74
MEDICAL	5,150	7,925	341,443.33	43.08	.021	66.30	.92
MEDICAL SURGERY			141,213.38	43.08	.021	62.57	
	2,257 13,449	3,234				45.87	.38
PATHOLOGY		44,607	616,864.18	13.83	.120		1.66
RADIOLOGY	6,276	8,511	621,517.14	73.03	.023	99.03	1.68
ROOM USE	23,832	34,890	1,365,364.59	39.13	.094	57.29	3.68
CROSSOVERS/ALL OTH OUTPTNT	17,180	49,753	896,567.55	18.02	.134	52.19	2.42
@COUNTY HOSPITAL TOTAL	92	369 \$	102,537.10	\$ 277.88		\$ 1114.53	
CO HOSPITAL INPATIENT TOTAL	15	73	92,176.15	1262.69	.000	6145.08	. 25
HSC HOSPITALS	15	73	92,176.15	1262.69	.000	6145.08	.25
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	82	296	10,360.95	35.00	.001	126.35	.03
MEDICAL	13	19	706.43	37.18	.000	54.34	.00
SURGERY	6	6	269.23	44.87	.000	44.87	.00
PATHOLOGY	28	120	1,448.32	12.07	.000	51.73	.00
RADIOLOGY	16	23	1,239.69	53.90	.000	77.48	.00
ROOM USE	50	64	2,572.47	40.19	.000	51.45	.01
CROSSOVERS/ALL OTH OUTPTNT	41	64	4,124.81	64.45	.000	100.61	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU	DEC 2003	PAGE 2,987
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MN-NOSOC-FA	M 34 39 3N 3T 3V	54 59 5J 5W-5Y	6J 7J 7K		
					M	ONTHLY AVERA	GE
370,827 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
,	-	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37,463	168,465 \$	30,774,210.78	\$ 182.67	.454		
COMM HOSP INPATIENT TOTAL	4,896	19,841	26,801,601.56	1350.82	.054	5474.18	72.28
	4,100	15,011	_0,001,001.00	1000.02	.031	5171.10	72.20

1377.73

1166.54

403.12

231.81

411.26

.00

.00

.00

.00

26.73

43.10

43.66

13.83

73.08

39.13

17.96

.00

23,841,580.19

2,958,341.37

1,022,324.33

1,936,017.04

3,972,609.22

340,736.90

140,944.15

615,415.86

620,277.45

892,442.74

1,362,792.12

26,658.08

995,666.25

1,680.00

.00

.00

.00

\$

5763.01

3797.61

1345.16

1159.05

1350.97

2491.66

840.00

114.02

66.33

62.61

45.85

99.04

57.30

52.06

.00 \$

.00

.00

64.29

7.98

2.76

.07

.00

2.68

5.22

10.71

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1.66

1.67

3.68

2.41

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.000

.401

.021

.009

.120

.023

.094

.134

.000 \$

17,305

2,536

2,536

2,421

148,624

7,906

3,228

44,487

8,488

34,826

49,689

115

0

0

0

0

0

\$

4,137

779

760

737

777

34,842

5,137

2,251

6,263

23,784

17,141

13,422

23

0

2

0

0

HSC HOSPITALS

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY RADIOLOGY

ROOM USE

@STATE HOSPITAL

ACCOMMODATIONS

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	36	1,077	\$	368,804.25	\$	342.44	.003	\$	10244.56	\$.99
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	8	114		57,297.97		502.61	.000		7162.25		.15
LEV B-SUBACUTE HSPTL BASED	13	507		252,993.95		499.00	.001		19461.07		.68
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	16	456		58,512.33		128.32	.001		3657.02		.16
@INTERMEDIATE CARE FACILDD	14	416	\$	150,583.84	\$	361.98	.001	\$	10755.99	\$.41
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	14	416		150,583.84		361.98	.001		10755.99		.41
@HEMODIALYSIS TOTAL	118	751	\$	276,231.95	\$	367.82	.002	\$	2340.95	\$.74
HOSPITAL BASED	70	149		231,350.11		1552.69	.000		3305.00		.62
HEMODIALYSIS CENTER	52	602		44,881.84		74.55	.002		863.11		.12
@REHABILITATION FACILITY	486	2,607	\$	63,242.89	\$	24.26	.007	\$	130.13	\$.17
HOSPITAL BASED	343	1,560		46,730.96		29.96	.004		136.24		.13
INDEPENDENT FACILITY	143	1,047		16,511.93		15.77	.003		115.47		.04
@LABORATORY FACILITY	7,574	25,134	\$	366,033.34	\$	14.56	.068	\$	48.33	\$.99
PATHOLOGY	7,537	25,090		363,415.34		14.48	.068		48.22		.98
XO AND OTHERS	47	44		2,618.00		59.50	.000		55.70		.01
@ORGANIZED OUTPATIENT CLINIC	88,152	137,219	\$	11,794,394.06	\$.370	\$	133.80	\$	31.81
CLINIC	1,080	4,213		102,010.55		24.21	.011		94.45		. 28
SURGICENTER	55	294		19,973.81		67.94	.001		363.16		.05
HEROIN DETOX CLINIC	46	598		6,628.04		11.08	.002		144.09		.02
RURAL HEALTH CLINIC	87,077	132,114		11,665,781.66		88.30	.356		133.97		31.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MO	ONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,988
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FAI	M 34 39 3N 3T 3V !	54 5	9 5J 5W-5Y	7 6J 7J 7K				

----- MONTHLY AVERAGE -----370,827 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE @ALL OTHER PROVIDERS 48,879 239,784 2,361,643.37 9.85 .647 \$ 48.32 \$ 6.37 DURABLE MED. EQUIP. 391 1,130 131,473.14 116.35 .003 336.25 .35 BLOOD BANK 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 25,933 361,643.49 MEDICAL TRANSPORTATION 2,193 13.95 .070 164.91 .98 25,651 296,319.03 AMBULANCES/AIR TRANS 2,182 11.55 .069 135.80 .80 9 570.77 241 2.37 .001 63.42 .00 OTHER TRANS OTHER SERVICES 41 41 64,753.69 1579.36 .000 1579.36 .17 74 ACUPUNCTURE 137 2,589.68 18.90 .000 35.00 .01 25 378 .001 ADULT DAY HEALTH CARE CTR 26,267.34 69.49 1050.69 .07 GENETIC DISEASE TESTING 2,752 2,758 284,308.50 103.09 .007 103.31 .77 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST Ω Ω .00 .00 .000 .00 .00 OPTICIAN 11,408 24,560 239,154.15 9.74 .066 20.96 .64 PHYSICAL THERAPIST 88 276 15,143.82 54.87 .001 172.09 .04 2 7 159.20 79.60 22.74 .000 .00 PORTABLE X-RAY 161,581.68 65.15 .007 142.87 PROSTHETIST/ORTHOTISTS 1,131 2,480 .44 PROSTHETICS 461 1,627 83,625.44 .004 181.40 .23 ORTHOTICS 846 853 77,956.24 91.39 .002 92.15 .21 PSYCHOLOGIST 1 4 275.41 68.85 .000 275.41 .00 SPEECH AND AUDIOLOGY 37 79 14,113.58 178.65 .000 381.45 .04 4,224.56 528.07 HOSPICE SERVICES 8 .000 2112.28 .01 .00 0 0 .00 .00 .000 .00 NONINST BIRTHING CENTERS 31,330 107,441 LOCAL EDUCATION AGENCIES 1,080,642.67 10.06 .290 34.49 2.91 2 474 24.42 5787.54 .03 EPSDT SUPPLEMENTAL SERVICE 11,575.08 .001 RESPIRATORY CARE PRACT. Ω 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 88 74,119 28,491.07 .38 .200 323.76 .08 @CALIF. CHILDREN SERVICES* 7,094 132,032 \$ 17,021,608.39 \$ 128.92 .356 \$ 2399.44 \$ 45.90 @XOVER EXCLUDING STATE HOSP** 90 306 \$ 21,275.75 \$ 69.53 .001 \$ 236.40 \$.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,989
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

		MONT					GE
425,195 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC	313,585	2,363,712 \$	101,055,835.25	\$ 42.75	5.559 \$	322.26	\$ 237.67
@PHYSICIANS SERVICES	53,458	2,363,712 \$ 211,987 \$	9,353,952.66	\$ 44.13	.499 \$	174.98	\$ 22.00
OUTPATIENT VISITS	31,512	69,510	2,196,997.06	31.61	.163 .035 .000	69.72	5.17
OFFICE VISITS	11,363	14,746	502,009.87	34.04	.035	44.18	1.18
HOME VISITS	14	17	847.78	49.87	.000	60.56	.00
EMERGENCY ROOM	8,562	9.855	565,298.74	57.36	.023	66.02	1.33
PREVENTIVE CARE	80	85	3.437.09	40.44	.000	42.96	.01
OB VISITS/COMPRE PERI	8.481	38.665	953.334.69	24.66	.091	112.41	
OTHER OUTPATIENT	5,052	6.142	172.068.89	28.02	.014	3/1 06	40
INPATIENT VISITS	5,343	20.419	1.434.611.09	70.26	.048	268.50	3.37
HOSPITAL VISITS	4.964	15.796	709.073.75	44.89	.037	149 84	1 6.7
CRITICAL CARE	477	4.359	715.077.37	164.05	.010	1499.11	1.68
SNE/ICE/TRANS ID CARE	110	264	10 459 97	39 62	.001	95.09	.02
OPHTHALMOLOGICAL SERVICES	692	856	39 409 88	46 04	.002	56.95	.09
EXAMINATIONS	691	854	39 198 97	45 90	.002	56.73	
SERVICES AND MATERIALS	2	2	210 91	105.46	.000	105 46	0.0
TNDATTENT HOSDITAL SURGERY	4 808	18 453	2 653 537 06	143.10	.043	551.90	6.24
DRINCIDAL SURGEON	3 575	5 164	2,033,337.00	433 97	.012	626 86	5.27
ACCICANT CIDCEON	5,575	5,104	106 570 10	199 96	.001	626.86 195.54	.25
AND CTUPCION OCTOR	1 // 2	12 720	205 929 14	24.04	.030	212.16	.72
OUTDATIESTOLOGIST	2 525	7 909	703 241 00	24.04	.019	199.50	1.65
DDINGIDAL CUDGEON	3,343	7,505	604 244 60	152 20	.009	201.15	1.42
ACCICANT CIDCEON	3,004	3,970	5 606 06	152.20	.000	164.88	.01
AND CTUPCION OCTOR	0.33	3 902	93 390 25	23 03	.009	101.18	.22
PININGIC	202	1 200	120 250 45	43.93 106 47	.003	355.25	.33
DIALIOI OCA	7 604	17.042	139,230.43	20.47	.042	47.74	
PAIROLOGI	1,094	17,942 21 E00	700 200 00	20.47 27 12	.042	64.93	1.88
RADIOLOGI	12,290	21,506	790,300.99	\$ 44.13 31.61 34.04 49.87 57.36 40.44 24.66 28.02 70.26 44.89 164.05 39.62 46.04 45.90 105.46 143.80 433.97 189.96 24.04 88.92 152.20 151.52 23.93 106.47 20.47 37.12 41.69 27.89 17.06 \$ 24.28	.000	83.38	.00
PSICHIAIRI	1 1 (/	0.007	03.30	41.09	.021	218.00	.60
OTHER GERVICES ALL Y OVERS	1,104	9,097	233,747.77	47.09 17.06	.106	68.20	
OTHER SERVICES/ALL A-OVERS	11,232	44,903 FCC 4F2 C	12 752 724 02	\$ 24.28	1.332 \$		
@PHARMACY	75,004	500,45∠ Ş	13,/53,/24.92	27.89 17.06 \$ 24.28 56.79	1.332 \$		\$ 32.35 29.78
PRESCRIPTION DRUGS	12,949	222,987	12,663,454.5/	56.79	.524	173.59	29.78 1.14
SNF / ICF	1,2/5	/,841	483,897.55	01./1	.018 .506	379.53	
@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC	7 206	215,140	1 000 270 25	30.01 2.17	.506	169.70	28.64
MEDICAL SUPPLIES	7,290	425,322 \$	1,090,270.35	3.17 d 20.16	.808 1.000 \$	149.43 185.19	2.56
@DENTIST	09,207	425,322 Ş	12,82/,/53.83	\$ 30.16 11.0F	1.000 \$.665	67.70	\$ 30.17 7.95
VISITS - DIAGNOSTIC	49,902	282,675	3,3/8,456.41	11.95	.665		
ORAL SURGERY	10,514	21,258	1,303,195.19	61.30	.050	123.95	3.06
ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	2,452	282,675 21,258 3,553 700	13,112.22	20.76	.008	30.09	.17
ANESTHESIA	1 000	700	67,700.00	96.71	.002	98.98	.16
PERIODONTICS	4,982	5,252	030,531.10	121.20	.012	127.77	
ENDODONTICS RESTORATIVE DENTISTRY	5,140	8,339	1,198,854.39 5,197,162.03	143.76	.020	233.24 195.96	2.82
	26,521	700 5,252 8,339 90,501 304 5,690 573 431	767,379.88 13,753,724.92 12,663,454.57 483,897.55 12,179,557.02 1,090,270.35 12,827,753.83 3,378,456.41 1,303,195.19 73,772.22 67,700.00 636,531.10 1,198,854.39 5,197,162.03 7,035.00 495,291.80 58,237.20 43,699.40 6,700.00	5/.43	.213		
PROSTHETICS	282	304	7,035.00	23.14	.001	24.95	.02
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	1,568	5,690	495,291.80	87.05	.013	315.87	
SPACE MAINTAINERS	450	5/3	58,237.20	101.64	.001	129.42	.14
MAXILLOFACIAL SERVICES	418	431	43,699.40	101.39	.001	104.54	.10
FRACTURES, DISLOCATIONS	8	11	6,700.00	609.09	.000	837.50	.02

ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY	3,490 1,157 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL	355,419.09 5,700.00 MONTH-OF-PAYMENT RE C - TOTAL	82.77 3.27 PORT FOR JAN 2	.010 .004 2003 THRU DE	101.84 4.93 C 2003	.84 .01 PAGE 2,990 01/29/04
					MON'	THLY AVERAGE	·
425,195 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	2,381	6,730 \$	155,556.46	\$ 23.11	.016 \$	65.33	3 .37
DIAGNOSTIC AND ANC. PROCED	1,581	1,593	73,151.20	45.92	.004	46.27	.17
EYE APPLIANCES	1,687	4,827	76,241.01	15.79	.011	45.19	.18
OTHER OPTOMETRIC SERVICES	212	310	6,164.25	19.88	.001	29.08	.01
@CHIROPRACTOR	1,270	2,146 \$	35,517.57	\$ 16.55	.005 \$	27.97	.08
VISITS	1,261	2,126	35,312.36	16.61	.005	28.00	.08
OTHER SERVICES	11	20	205.21	10.26	.000	18.66	.00
@PODIATRIST	651	969 \$	19,064.27	\$ 19.67	.002 \$	29.28	.04

MEDICINE/INJECTIONS	215	239	7,448.50	31.17	.001	34.64		.02
SURGERY/ANES	13	15	752.52	50.17	.000	57.89		.00
PADIO / PATHOLOGY	24	27	467 10	17 30	.000	19.46		.00
OTHER	457	600	10 206 15	15 11	.002	22.75		.02
OTHER	407	16 100 8	10,390.13	\$1.17 50.17 17.30 15.11 \$ 33.34 \$ 23.45 \$ 102.54 \$ 20.42 \$ 26.50 \$ 186.23 1197.16	.002	1420 10	4	
@HOME HEALTH AGENCY	3 / /	16,192 \$	539,900.98	\$ 33.34	.038 \$	1432.10		1.27
NURSE ANESTHESIST	260	1,245 \$	29,193.57	\$ 23.45	.003 \$	112.28		.07
NURSE MIDWIFE	13	33 \$	3,383.74	\$ 102.54	.000 \$	260.29	\$.01
PEDIATRIC NURSE PRACTITIONER	2	8 \$	163.37	\$ 20.42	.000 \$	81.69	Ś	.00
FAMILY NURSE PRACTITIONER	249	497 \$	13 172 92	\$ 26.50	.001 \$	52.90		.03
@TOTAL HORDE THREETTIONER	15 350	223 607 4	11 6/3 270 28	¢ 196 23	.526 \$			97.94
WIOTH HOSFITAL	6 102	20,306	26 276 200 41	1107.16	.JZU Ş	5960.48	Ą	85.55
HOSP INPAILENT TOTAL	6,103	30,380	30,370,809.41	1197.16	.071	5960.48		
HSC HOSPITALS	5,031	25,514	32,463,079.88	1272.36	.060	6452.61		76.35
NON-HSC HOSPITAL TOTAL	867	3,301	3,709,955.02	1123.89	.008	4279.07		8.73
ACCOMMODATIONS	848	3,301	1,268,003.25	384.13	.008	1495.29		2.98
ADMINISTRATIVE DAYS	59	529	121,329.37	229.36	.001	2056.43		.29
TRANSITIONAL TO CARE	0	0	, , , , , , , , , , , , , , , , , , , ,	0.0	.000	0.0		.00
ALL OTHER ACCOM	790	2 772	1 146 673 88	413 66	.007	1451 49		2.70
ANGLI I ADIEC	750	2,772	2 441 051 77	413.00	.000	.00 1451.49 2823.07		5.74
ANCILLARIES	865	1 581	2,441,951.//	.00	.000			
INPATIENT CROSSOVERS	245	1,5/1	203,774.51	129./1	.004	831.73		.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	42,017	193,221	5,266,460.87	27.26	.454	125.34		12.39
MEDICAL	6,298	10,094	449,886.27	44.57	.024	71.43		1.06
SURGERY	2,556	3,588	163,680.90	45.62	.008	64.04		.38
PATHOLOGY	15 622	55, 436	740 297 99	13 35	.130	47 39		1.74
PADIOLOGY	7 700	11 570	070 040 72	75 21	.027	112 00		2.05
DOOM HOE	7,700	11,379	1 606 154 27	75.21	.027	125.34 71.43 64.04 47.39 112.98 59.49		3.78
ROOM USE	27,000	40,814	1,000,154.3/	39.35	.096	59.49		
CROSSOVERS/ALL OTH OUTPINT	21,510	71,710	1,435,591.61	20.02	.169	66./4		3.38
@COUNTY HOSPITAL TOTAL	128	528 \$	134,829.25	\$ 255.36	.001 \$	1053.35		.32
CO HOSPITAL INPATIENT TOTAL	22	96	120,875.15	1259.12	.000	5494.33		.28
HSC HOSPITALS	22	96	120,875.15	1259.12	.000	5494.33		.28
NON-HSC HOSPITALS TOTAL	0	0	. 0.0	. 00	.000	.00		.00
ACCOMMODATIONS	0	0	0.0	0.0	.000	0.0		0.0
ADMINITORDATIVE DAVO	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DATA	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	Ü	Ü	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	113	432	13.954.10	32.30	.001	123.49		.03
MEDICAL.	23	35	1 351 67	38 62	.000	58 77		.00
CIIDCEDV	23	٥	131 50	18 28	.000	5/1 21		.00
DATIOLOGY	2 5	155	1 047 20	11 00	.000	57.31 E2 70		.00
PATHOLOGY	35	155	1,847.30	\$ 255.36 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12 1259.12	.000	.00 .00 .00 .00 .00 .00 .00 123.49 58.77 54.31 52.78 102.24		.00
RADIOLOGY	19	31	1,942.52	62.66	.000	102.24		.00
ROOM USE	65	85	3,443.17	40.51	.000	52.97		.01
CROSSOVERS/ALL OTH OUTPTNT	57	117	4,934.94	42.18	.000	86.58		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES N	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	P	AGE 2,991
MOP024	FEE-FOR-SERVICE	/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERV	TCES FOR MN - NO SOC	C - TOTAL					
TILLENO COOMIT	Borning of Blice	1010 1010 1110 110 500	1011111		MONT	מקקעמ עודי	CF -	
MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOPO 24 FRESNO COUNTY 425,195 ELIGIBLES	HCFDC	UNITS OF SERVICE	EXPENDITURES	MITEDACE COOM	IIMITTO / DAVO			COST PER
470'120 FFIGIBHE9	USEKS	ON DAYS OF SERVICE	FVLFNDIIOKĘŻ	AVERAGE COST	ONTIS/DAIS	COSI PEK		
- GOVERNMENT 110 GD T TO 1	45 051	OR DAYS OF CARE	41 500 441 00	PER UNIT/DAY	LEK EPIG	USER	ا ب	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	45,251	223,079 \$	41,508,441.03	\$ 186.07		917.29	Ş	97.62
COMM HOSP INPATIENT TOTAL	6,083	30,290	36,255,934.26	1196.96	.071	5960.21		85.27
	5,011	25,418	32,342,204.73	1196.96 1272.41	.060	6454.24		76.06
NON HOG HOODTENIG BORNI	0.60	2 201	2 000 000 00	1100 00	0.00	4000 00		0 50

425,195 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45,251	223,079	\$ 41,508,441.03	\$ 186.07	.525 \$	917.29	\$ 97.62
COMM HOSP INPATIENT TOTAL	6,083	30,290	36,255,934.26	1196.96	.071	5960.21	85.27
HSC HOSPITALS	5,011	25,418	32,342,204.73	1272.41	.060	6454.24	76.06
NON-HSC HOSPITALS TOTAL	867	3,301	3,709,955.02	1123.89	.008	4279.07	8.73
ACCOMMODATIONS	848	3,301	1,268,003.25	384.13	.008	1495.29	2.98
ADMINISTRATIVE DAYS	59	529	121,329.37	229.36	.001	2056.43	.29
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	790	2,772	1,146,673.88	413.66	.007	1451.49	2.70
ANCILLARIES	865	0	2,441,951.77	.00	.000	2823.07	5.74

INPATIENT CROSSOVERS	245	1,571		203,774.51		129.71	.004		831.73		.48
ALL OTHER INPATIENT	0	2,3,2		.00		.00	.000		.00		.00
	41,919	192,789		5,252,506.77		27.24	.453		125.30		12.35
MEDICAL	6,275	10,059		448,534.60		44.59	.024		71.48		1.05
SURGERY	2,548	3,579		163,246.40		45.61	.008		64.07		.38
PATHOLOGY	15,588	55,281		738,450.69		13.36	.130		47.37		1.74
RADIOLOGY	7,692	11,548		868,907.21		75.24	.027		112.96		2.04
ROOM USE	26,940	40,729		1,602,711.20		39.35	.096		59.49		3.77
CROSSOVERS/ALL OTH OUTPTNT		71,593		1,430,656.67		19.98	.168		66.67		3.36
		. 0	\$.00	\$.00	.000	\$.00	\$.00
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0	0	·	.00		.00	.000	•	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,255	32,187	\$	4,704,115.57	\$	146.15	.076	\$	3748.30	\$	11.06
LEV A-INTERMEDIATE	2	68		6,054.28		89.03	.000		3027.14		.01
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		114		57,297.97		502.61	.000		7162.25		.13
LEV B-SUBACUTE HSPTL BASED	40	1,365		630,761.27		462.10	.003		15769.03		1.48
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 1,211 39	30,640		4,010,002.05		130.87	.072		3311.31		9.43
@INTERMEDIATE CARE FACILDD	39	1,219	\$	291,816.32	\$	239.39		\$	7482.47	\$.69
ICF DDH	4	147		21,487.04		146.17	.000		5371.76		.05
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	35	1,072		270,329.28		252.17	.003		7723.69		.64
@HEMODIALYSIS TOTAL	/33	16,078	\$	1,266,647.34	\$	78.78		\$	1728.03	\$	2.98
HOSPITAL BASED	140	312		495,672.48		1588.69	.001		3540.52		1.17
HEMODIALYSIS CENTER	601	15,766		770,974.86		48.90	.037		1282.82		1.81
@REHABILITATION FACILITY	585	3,148	\$	75,041.11	\$			\$	128.28	\$.18
HOSPITAL BASED	411	1,928		55,341.85		28.70	.005		134.65		.13
INDEPENDENT FACILITY	174	1,220		19,699.26		16.15	.003		113.21		.05
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY DATHOLOGY	8,767	32,700	\$	442,624.76	\$.077	\$		\$	1.04
FAIHOLOGI	0,710	32,624		439,866.85		13.48	.077		50.47		1.03
XO AND OTHERS	61	76		2,757.91		36.29	.000		45.21		.01
@ORGANIZED OUTPATIENT CLINIC	91,155	142,602	\$	12,124,580.48	\$.335	\$		\$	28.52
CLINIC	1,167	4,541		108,236.79		23.84	.011		92.75		. 25
SURGICENTER	172	677		40,465.24		59.77	.002		235.26		.10
HEROIN DETOX CLINIC	56	745		8,241.97		11.06	.002		147.18		.02
RURAL HEALTH CLINIC	89,885			11,967,636.48			.321		133.14		28.15
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,992
MOP024	FEE-FOR-SERVICE/DE										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	S FOR MN - N	o soc	- TOTAL							
			_				M	IONT	HLY AVERA	.GE -	

425,195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	54,464	680,589 \$	3,776,325.62	\$ 5.55	1.601 \$		\$ 8.88
DURABLE MED. EQUIP.	686	2,057	313,173.41	152.25	.005	456.52	.74
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	87	106	52,258.10	493.00	.000	600.67	.12
MEDICAL TRANSPORTATION	3,685	81,155	672,282.79	8.28	.191	182.44	1.58
AMBULANCES/AIR TRANS	3,093	36,534	438,773.63	12.01	.086	141.86	1.03
OTHER TRANS	427	42,040	139,939.73	3.33	.099	327.73	.33
OTHER SERVICES	285	2,581	93,569.43	36.25	.006	328.31	. 22
ACUPUNCTURE	89	164	3,114.10	18.99	.000	34.99	.01
ADULT DAY HEALTH CARE CTR	472	7,245	502,588.63	69.37	.017	1064.81	1.18
GENETIC DISEASE TESTING	2,753	2,759	284,413.50	103.09	.006	103.31	.67
IHMC, MODEL-NF, NF, AIDS, MSSP	138	326	36,528.56	112.05	.001	264.70	.09
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12,724	27,650	284,845.16	10.30	.065	22.39	.67
PHYSICAL THERAPIST	88	276	15,143.82	54.87	.001	172.09	.04
PORTABLE X-RAY	40	114	1,029.49	9.03	.000	25.74	.00
PROSTHETIST/ORTHOTISTS	1,241	2,801	181,625.80	64.84	.007	146.35	.43

PROSTHETICS	569	1,945	103,503.04	53.21	.005	181.90	.24
ORTHOTICS	848	856	78,122.76	91.26	.002	92.13	.18
PSYCHOLOGIST	5	17	860.89	50.64	.000	172.18	.00
SPEECH AND AUDIOLOGY	264	587	47,547.72	81.00	.001	180.11	.11
HOSPICE SERVICES	36	702	88,222.67	125.67	.002	2450.63	.21
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31,599	114,077	1,115,527.80	9.78	.268	35.30	2.62
EPSDT SUPPLEMENTAL SERVICE	8	983	23,922.92	24.34	.002	2990.37	.06
RESPIRATORY CARE PRACT.	1	1	29.48	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,600	439,570	153,240.26	.35	1.034	95.78	.36
@CALIF. CHILDREN SERVICES*	7,308	146,960	\$ 17,263,637.83	\$ 117.47	.346	\$ 2362.29	\$ 40.60
@XOVER EXCLUDING STATE HOSP**	8,455	90,177	\$ 1,450,060.85	\$ 16.08	.212	\$ 171.50	\$ 3.41

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV M MOP024 F

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,993

01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

FRESNO COUNTY	SUMMARY OF SER	VICES FOR MN - SOC - AG	SED	AID CODE 17	1Y		
					MONT	THLY AVERAGE	
450 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	606	12,813 \$	618,232.14	\$ 48.25	28.473 \$	1020.19 \$	1373.85
@PHYSICIANS SERVICES	99	652 \$	11,184.78	\$ 17.15	1.449 \$	112.98 \$	24.86
OUTPATIENT VISITS	4	4	166.34	41.59	.009	41.59	.37
OFFICE VISITS	2	2	.00	.00	.004	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	166.34	83.17	.004	83.17	.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0 0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	25	845.90	33.84	.056	281.97	1.88
HOSPITAL VISITS	2	14	595.40	42.53	.031	297.70	1.32
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	11	250.50	22.77	.024	250.50	.56
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	37	745.89	20.16	.082	745.89	1.66
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	37	745.89	20.16	.082	745.89	1.66
OUTPATIENT SURGERY	2	4	1,123.17	280.79	.009	561.59	2.50
PRINCIPAL SURGEON	1	1	1,005.21	1005.21	.002	1005.21	2.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	117.96	39.32	.007	117.96	.26
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	17.00CR		.007	8.50CR	.04CR
RADIOLOGY	2	6	100.25	16.71	.013	50.13	.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	93	573	8,220.23	14.35	1.273	88.39	18.27
@PHARMACY	279	2,780 \$	82,883.60	\$ 29.81	6.178 \$		
PRESCRIPTION DRUGS	262	1,459	79,975.80	54.82	3.242	305.25	177.72
SNF/ICF	153	979	43,991.76	44.94	2.176	287.53	97.76
OUTPATIENTS	121	480	35,984.04	74.97	1.067	297.39	79.96
MEDICAL SUPPLIES	29	1,321	2,907.80	2.20	2.936	100.27	6.46
@DENTIST	83	334 \$	11,883.00	\$ 35.58	.742 \$		
VISITS - DIAGNOSTIC	54	142	1,173.00	8.26	.316	21.72	2.61
ORAL SURGERY	20	81	3,356.00	41.43	.180	167.80	7.46

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	.00	.00	.004	.00	.00
PERIODONTICS	3	3	291.00	97.00	.007	97.00	.65
ENDODONTICS	1	1	.00	.00	.002	.00	.00
RESTORATIVE DENTISTRY	18	64	2,633.00	41.14	.142	146.28	5.85
PROSTHETICS	1	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	20	31	4,430.00	142.90	.069	221.50	9.84
SPACE MAINTAINERS	0	0	4,430.00	.00	.009	.00	.00
	1	1					
MAXILLOFACIAL SERVICES	0	0	.00	.00	.002	.00	.00
FRACTURES, DISLOCATIONS	•	•	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	9	.00	.00	.020	.00	.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT I	REPORT FOR JAN	2003 THRU D	EC 2003	PAGE 2,994
MOP024	FEE-FOR-SERVICE						01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC	- AGED	AID CODE 17			
						NTHLY AVERA	
450 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	9	21	\$ 459.67	\$ 21.89	.047	\$ 51.07	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	5	5	225.39	45.08	.011	45.08	.50
EYE APPLIANCES	4	12	202.18	16.85	.027	50.55	.45
OTHER OPTOMETRIC SERVICES	2	4	32.10	8.03	.009	16.05	.07
@CHIROPRACTOR	0		\$.00	\$.00		\$.00	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	<u> </u>	\$ 87.29	\$ 6.71	.029		
MEDICINE/INJECTIONS	1	1	21.40	21.40	.002	21.40	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	12	65.89	5.49	.027	5.99	.15
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
	0	0	•			•	
NURSE ANESTHESIST		0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0		\$.00	\$.00			\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	_0	0	\$.00			\$.00	
@TOTAL HOSPITAL	75	546	\$ 37,821.60			\$ 504.29	
HOSP INPATIENT TOTAL	23	224	28,506.28	127.26	.498	1239.40	63.35
HSC HOSPITALS	2	8	9,400.00	1175.00	.018	4700.00	20.89
NON-HSC HOSPITAL TOTAL	1	2	.00	.00	.004	.00	.00
ACCOMMODATIONS	1	2	.00	.00	.004	.00	.00
ADMINISTRATIVE DAYS	1	2	.00	.00	.004	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	21	214	19,106.28	89.28	.476	909.82	42.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	56	322	9,315.32	28.93	.716	166.35	20.70
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	ĺ	188.79	188.79	.002	188.79	.42
PATHOLOGY	1	1	9.30	9.30	.002	9.30	.02
RADIOLOGY	1	2	98.64	49.32	.002	98.64	.22
ROOM HSF	± 3	<u>2</u> Δ	242 84	49.32 60.71	009	90.0 1 80 95	54

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ROOM USE

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	9	16.23	1.80	.020	4.06	.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	9	16.23	1.80	.020	4.06	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	DEC 2003	PAGE 2,995
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	S FOR MN - SOC -	- AGED	AID CODE 17	7 1Y		
					MC	NTHLY AVERA	GE
450 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	r units/days	S COST PER	COST PER

		OR DAYS OF CARE	?		DEI	R UNIT/DAY	DER ELTG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	537	\$	37,805.37	\$	70.40	1.193	\$	532.47		84.01
COMM HOSP INPATIENT TOTAL	23	224	~	28,506.28	~	127.26	.498	٧	1239.40	~	63.35
HSC HOSPITALS	2	8		9,400.00		1175.00	.018		4700.00		20.89
NON-HSC HOSPITALS TOTAL	1	2		.00		.00	.004		.00		.00
ACCOMMODATIONS	1	2		.00		.00	.004		.00		.00
ADMINISTRATIVE DAYS	1	2		.00		.00	.004		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	21	214		19,106.28		89.28	.476		909.82		42.46
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	52	313		9,299.09		29.71	.696		178.83		20.66
MEDICAL MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		188.79		188.79	.002		188.79		.42
PATHOLOGY	1	1		9.30		9.30	.002		9.30		.02
	1	2		98.64		49.32	.002		98.64		.22
RADIOLOGY	3	4									
ROOM USE	51			242.84		60.71	.009		80.95		.54
CROSSOVERS/ALL OTH OUTPTNT	0	305	4	8,759.52	4	28.72	.678	4	171.76	ė.	19.47
@STATE HOSPITAL		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	4	.00	4	.00	.000	4	.00	4	.00
@NURSING FACILITY	159	4,308	\$	451,321.18	\$	104.76	9.573	\$	2838.50	\$	1002.94
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	159	4,308		451,321.18	_	104.76	9.573	_	2838.50		1002.94
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	7	\$	1,633.79	\$	233.40	.016	\$	326.76	\$	3.63
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	5	7		1,633.79		233.40	.016		326.76		3.63
@REHABILITATION FACILITY	1	1	\$	38.11	\$	38.11	.002	\$	38.11	\$.08
HOSPITAL BASED	1	1		38.11		38.11	.002		38.11		.08
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	44	\$	2,138.13	\$	48.59		\$	71.27	\$	4.75
CLINIC	1	6		54.14		9.02	.013		54.14		.12
SURGICENTER	3	3		577.09		192.36	.007		192.36		1.28
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	26	35		1,506.90		43.05	.078		57.96		3.35
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT R	EPOR:	r for Jan :	2003 THRU I	DEC	2003	Ρ	AGE 2,996
MOP024	FEE-FOR-SERVICE										01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MN - SC)C -	AGED	A.	ID CODE 17					
			_				MO				
450 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS				COST PER
		OR DAYS OF CARE		40 -00		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	85	•	\$	18,780.99	\$	4.57	9.127	\$		\$	41.74
DURABLE MED. EQUIP.	3	8		2,098.96		262.37	.018		699.65		4.66
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	6		3,877.13		646.19	.013		775.43		8.62
MEDICAL TRANSPORTATION	45	2,143		7,194.73		3.36	4.762		159.88		15.99
AMBULANCES/AIR TRANS	17	244		2,591.91		10.62	.542		152.47		5.76
OTHER TRANS	28	1,799		4,395.63		2.44	3.998		156.99		9.77

OTHER SERVICES	E	100		207.19	2.07	.222	41.4	1	.46
	5	100							
ACUPUNCTURE	U	U		.00	.00	.000	.0		.00
ADULT DAY HEALTH CARE CTR	4	41		2,785.61	67.94	.091	696.4		6.19
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.0)	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.0)	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.0)	.00
OPTICIAN	8	19		300.18	15.80	.042	37.5	2	.67
PHYSICAL THERAPIST	0	0		.00	.00	.000	.0)	.00
PORTABLE X-RAY	1	1		1.22	1.22	.002	1.2	2	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.0)	.00
PROSTHETICS	0	0		.00	.00	.000	.0)	.00
ORTHOTICS	0	0		.00	.00	.000	.0)	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.0)	.00
SPEECH AND AUDIOLOGY	1	1		23.32	23.32	.002	23.3	2	.05
HOSPICE SERVICES	1	30		2,006.96	66.90	.067	2006.9	5	4.46
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.0)	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.0)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.0)	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.0)	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.0)	.00
ALL OTHER PROVIDERS	18	1,858		492.88	.27	4.129	27.3	3	1.10
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.0) \$.00
@XOVER EXCLUDING STATE HOSP**	209	1,058	\$	94,941.72	\$ 89.74	2.351	\$ 454.2	7 \$	210.98
et momard in munde ithed and dive	DELL'ACE E DE TE	TATEODATABLEON	TITIM ONT W.						

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,997 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

----- MONTHLY AVERAGE -----01 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 193.48 \$ 1354.38 @TOTAL, ALL PROVIDERS 443 1,354.38 3.06 443.000 \$ 74.77 3.56 21.000 \$ 14.95 \$ @PHYSICIANS SERVICES 21 74.77 OUTPATIENT VISITS 0 .00 .00 .000 .00 0 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .00 CRITICAL CARE .000 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 0 PATHOLOGY 0 .00 .00 .000 .00 .00 .00 RADIOLOGY 0 0 .00 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	5	21		74.77	3.56	21.000	14.95		74.77
@PHARMACY	0	0	\$.00	\$.00	.000	.00	\$.00
PRESCRIPTION DRUGS	0	0	•	.00	.00	.000	.00	•	.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	.00	\$.00
VISITS - DIAGNOSTIC	0	0	•	.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES M	IONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DI	EC 2003	PA	GE 2,998
MOP024	FEE-FOR-SERVICE/D								01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	ES FOR MN - SC)C -	BLIND	AID CODE				
						_	ITHLY AVERA	-	
01 ELIGIBLES		NITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	_	OST PER
		OR DAYS OF CARE	:		PER UNIT/DAY		USER		LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00
DIAGNOSTIC AND ANC. PROCED	Ü	0		.00	.00	.000	.00		.00
EYE APPLIANCES	U	0		.00	.00	.000	.00		.00

01 51 16151 56	HARRA					ILUTI AVEKAGI	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
CODEOMETER TOE	0	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
11110001	3	0	.00		• • • •		

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	Ō	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MONT	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 2,999
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	S FOR MN - SOC - BLI	ND	AID CODE	27		
					MONT	HLY AVERAG	GE
01 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	Ol	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSD OTTEDATTENT TOTAL	Λ	Λ	0.0	0.0	000	0.0	0.0

	OR	DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG	USE	R	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00	
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	.00	
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00	
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00	
ANCILLARIES	0	0	.00		.00	.000		.00	.00	
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00	.00	
MEDICAL	0	0	.00		.00	.000		.00	.00	
SURGERY	0	0	.00		.00	.000		.00	.00	
PATHOLOGY	0	0	.00		.00	.000		.00	.00	
RADIOLOGY	0	0	.00		.00	.000		.00	.00	
ROOM USE	0	0	.00		.00	.000		.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00	.00	
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00		.00	.000		.00	.00	
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	.00	
@NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	.00	
LEV B-REHAB MD	0	0	.00		.00	.000		.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00	
LEV B-REGULAR	0	0	.00		.00	.000		.00	.00	
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00		.00	.000		.00	.00	
ICF DD	0	0	.00		.00	.000		.00	.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	.00	
@HEMODIALYSIS TOTAL	1	2 \$	308.51	\$	154.26	2.000	\$ 308	.51	\$ 308.51	

HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	1	2	308	.51	154.26	2.000	308.51	3	308.51
@REHABILITATION FACILITY	0	0 \$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00 \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYME	NT REPORT	r for Jan 20	03 THRU D	DEC 2003	PAGI	3,000
MOP024	FEE-FOR-SERVICE/DENTAL	ı						(01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FO	OR MN - SOC	- BLIND		AID CODE 2	7			

					MON	THLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	420 \$	971.10	\$ 2.31	420.000 \$	971.10	\$ 971.10
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	420	971.10	2.31	420.000	971.10	971.10
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	420	971.10	2.31	420.000	971.10	971.10
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6	23 \$	383.28	\$ 16.66	23.000 \$	63.88	\$ 383.28
* TOTAL C IN THESE I THE ADE CIVE	מעריבט ע טע זעני	MADE TATEODMANTONT THEM	ONTE SZ •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,001
MOPO24 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

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								MC	NTHLY AVERA	GE	
531 ELIGIBLES	USERS	UNITS OF SE	RVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF	CARE			PEF	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	917	20,3	26 \$	5	1,405,603.32	\$	69.15	38.279	\$ 1532.83	\$	2647.09
@PHYSICIANS SERVICES	391	2,7	22 \$	5	105,304.30	\$	38.69	5.126	\$ 269.32	\$	198.31
OUTPATIENT VISITS	118	1	83		9,339.04		51.03	.345	79.14		17.59
OFFICE VISITS	36		56		1,725.04		30.80	.105	47.92		3.25
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	69		84		6,680.32		79.53	.158	96.82		12.58
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	32		43		933.68		21.71	.081	29.18		1.76
INPATIENT VISITS	87	4	65		21,225.11		45.65	.876	243.97		39.97
HOSPITAL VISITS	81	4	33		17,866.19		41.26	.815	220.57		33.65
CRITICAL CARE	8		28		3,238.62		115.67	.053	404.83		6.10
SNF/ICF/TRANS IP CARE	3		4		120.30		30.08	.008	40.10		.23
OPHTHALMOLOGICAL SERVICES	4		5		242.24		48.45	.009	60.56		.46
EXAMINATIONS	4		5		242.24		48.45	.009	60.56		.46
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	43	1	52		17,863.16		117.52	.286	415.42		33.64
PRINCIPAL SURGEON	38		65		14,831.79		228.18	.122	390.31		27.93

ASSISTANT SURGEON							
ASSISIANI SUKUEUN	4	6	1,137.37	189.56	.011	284.34	2.14
ANESTHESIOLOGIST	6	81	1,894.00	23.38	.153	315.67	3.57
OUTPATIENT SURGERY	25	164	4,871.05	29.70	.309	194.84	9.17
PRINCIPAL SURGEON	22	37	4,322.08	116.81	.070	196.46	8.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	127	548.97	4.32	.239	137.24	1.03
DIALYSIS	6	19	1,192.24	62.75	.036	198.71	2.25
PATHOLOGY	37	97	2,743.62	28.28	.183	74.15	5.17
RADIOLOGY	106	350	14,619.48	41.77	.659	137.92	27.53
	0	0					
PSYCHIATRY	_		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	437	10,572.49	24.19	.823	1174.72	19.91
OTHER SERVICES/ALL X-OVERS	200	850	22,635.87	26.63	1.601	113.18	42.63
@PHARMACY	398	4,521	311,602.05	\$ 68.92	8.514	\$ 782.92	\$ 586.82
PRESCRIPTION DRUGS	379	2,138	293,752.28	137.40	4.026	775.07	553.21
SNF/ICF	44	347	31,109.53	89.65	.653	707.03	58.59
OUTPATIENTS	337	1,791	262,642.75	146.65	3.373	779.36	494.62
MEDICAL SUPPLIES	72	2,383	17,849.77	7.49	4.488	247.91	33.62
@DENTIST	85		9,413.00	\$ 24.84	.714		
VISITS - DIAGNOSTIC	53	204	1,503.00	7.37	.384	28.36	2.83
ORAL SURGERY	15	51	1,200.00	23.53	.096	80.00	2.26
DRUGS	1	1	15.00	15.00	.002	15.00	.03
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.19
PERIODONTICS	4	4	436.00	109.00	.002	109.00	.82
		4					
ENDODONTICS	4	6	176.00	29.33	.011	44.00	.33
RESTORATIVE DENTISTRY	22	77	3,863.00	50.17	.145	175.59	7.27
PROSTHETICS	1	1	30.00	30.00	.002	30.00	.06
DENTURES, STAYPLATES	8	30	2,040.00	68.00	.056	255.00	3.84
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	Õ	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS			.00	.00	.000	.00	.00
			= 0 00				
ORTHODONTIC SERVICES	1	2	50.00	25.00	.004	50.00	.09
ORTHODONTIC SERVICES ALL OTHER SERVICES	2	2	.00	.00	.004	.00	.00
	2	2		.00	.004	.00	
ALL OTHER SERVICES	2	2 CES AND EXPENDITURE	.00	.00	.004	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	2 MEDI-CAL SERVIC FEE-FOR-SERVIC	2 CES AND EXPENDITURE E/DENTAL	.00 S MONTH-OF-PAYMENT R	.00 EPORT FOR JAN	.004 2003 THRU 1	.00	.00 PAGE 3,002
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	2 MEDI-CAL SERVIC FEE-FOR-SERVIC	2 CES AND EXPENDITURE E/DENTAL	.00	.00 EPORT FOR JAN	.004 2003 THRU 1 W 6Y	.00 DEC 2003	.00 PAGE 3,002 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY	2 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV	2 CES AND EXPENDITURE E/DENTAL /ICES FOR MN - SOC	.00 S MONTH-OF-PAYMENT R - DISABLED AID	.00 EPORT FOR JAN CODES 65 67 6	.004 2003 THRU 1 W 6Y	.00 DEC 2003 ONTHLY AVERA	.00 PAGE 3,002 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	2 MEDI-CAL SERVIC FEE-FOR-SERVIC	2 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE	.00 S MONTH-OF-PAYMENT R	.00 EPORT FOR JAN CODES 65 67 6 AVERAGE COS	.004 2003 THRU 1 W 6Y MO T UNITS/DAY:	.00 DEC 2003 ONTHLY AVERA S COST PER	.00 PAGE 3,002 01/29/04 AGE COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES	2 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	2 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.00 S MONTH-OF-PAYMENT R - DISABLED AID EXPENDITURES	.00 EPORT FOR JAN CODES 65 67 6 AVERAGE COS PER UNIT/DA	.004 2003 THRU 1 W 6Y MO T UNITS/DAY; Y PER ELIG	.00 DEC 2003 ONTHLY AVERA S COST PER USER	.00 PAGE 3,002 01/29/04 AGE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @OPTOMETRIST	2 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	2 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 14	.00 S MONTH-OF-PAYMENT R - DISABLED AID EXPENDITURES \$ 243.56	.00 EPORT FOR JAN CODES 65 67 6 AVERAGE COS PER UNIT/DA \$ 17.40	.004 2003 THRU 1 W 6Y MO T UNITS/DAY; Y PER ELIG .026	.00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 34.79	.00 PAGE 3,002 01/29/04 AGE COST PER ELIGIBLE \$.46
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES	2 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	2 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 14 2	.00 S MONTH-OF-PAYMENT R - DISABLED AID EXPENDITURES 243.56 55.46	.00 EPORT FOR JAN CODES 65 67 6 AVERAGE COS PER UNIT/DA \$ 17.40 27.73	.004 2003 THRU 1 W 6Y M T UNITS/DAY Y PER ELIG .026 .004	.00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 34.79 27.73	.00 PAGE 3,002 01/29/04 AGE COST PER ELIGIBLE \$.46 .10
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 7 2 4	Z CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 14 2 10	.00 S MONTH-OF-PAYMENT R - DISABLED AID EXPENDITURES \$ 243.56	.00 EPORT FOR JAN CODES 65 67 6 AVERAGE COS PER UNIT/DA \$ 17.40	.004 2003 THRU 1 W 6Y MO T UNITS/DAY; Y PER ELIG .026	.00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 34.79	.00 PAGE 3,002 01/29/04 AGE COST PER ELIGIBLE \$.46
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	2 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	Z CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 14 2 10	.00 S MONTH-OF-PAYMENT R - DISABLED AID EXPENDITURES 243.56 55.46	.00 EPORT FOR JAN CODES 65 67 6 AVERAGE COS PER UNIT/DA \$ 17.40 27.73	.004 2003 THRU 1 W 6Y M T UNITS/DAY Y PER ELIG .026 .004	.00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 34.79 27.73	.00 PAGE 3,002 01/29/04 AGE COST PER ELIGIBLE \$.46 .10
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 7 2 4	Z CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 14 2 10 2	.00 S MONTH-OF-PAYMENT R - DISABLED AID EXPENDITURES \$ 243.56 55.46 180.64 7.46	.00 EPORT FOR JAN CODES 65 67 6 AVERAGE COS PER UNIT/DA \$ 17.40 27.73 18.06 3.73	.004 2003 THRU 1 W 6Y M T UNITS/DAY; Y PER ELIG .026 .004 .019 .004	.00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 34.79 27.73 45.16 7.46	.00 PAGE 3,002 01/29/04 AGE COST PER ELIGIBLE \$.46 .10 .34 .01
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	2 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 7 2 4 1 0 0 0 0 3 0 0 0 3 20 0 0 0 2 307 88 72 88 72 8	2 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 14 2 10 2 0 0 0 5 0 0 0 5 96 0 0 0 3 3,359 797 670 54	.00 S MONTH-OF-PAYMENT R - DISABLED AID EXPENDITURES 243.56 55.46 180.64 7.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN CODES 65 67 6 AVERAGE COS PER UNIT/DA \$ 17.40 27.73 18.06 3.73 \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	.004 2003 THRU 1 W 6Y M(T UNITS/DAY; Y PER ELIG .026 .004 .019 .004 .000 .000 .000 .000 .000 .000 .00	.00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 34.79 27.73 45.16 7.46 \$.00 .00 .00 \$ 25.09 .00 .00 25.09 \$ 331.97 \$.00 \$.00 \$.00 \$.00 \$.55.15 \$ 2368.29 7552.87 8640.45 4575.96	.00 PAGE 3,002 01/29/04 GE COST PER ELIGIBLE \$.46 .10 .34 .01 \$.00 .00 .00 .00 .14 .00 .00 .14 \$ 12.50 \$.00 \$.00 \$.00 \$.14 \$ 12.50 \$.00 \$.00 \$.14 \$ 12.50 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
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RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	2 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 7 2 4 1 0 0 0 0 3 0 0 0 0 3 20 0 0 0 2 307 88 72	ZES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 14 2 10 2 0 0 0 0 5 96 0 0 0 3 3,359 797 670	.00 S MONTH-OF-PAYMENT R - DISABLED AID EXPENDITURES 243.56 55.46 180.64 7.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN CODES 65 67 6 AVERAGE COS PER UNIT/DA \$ 17.40 27.73 18.06 3.73 \$.00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	.004 2003 THRU 1 W 6Y T UNITS/DAY Y PER ELIG .026 .004 .019 .000 .000 .000 .000 .000 .000 .000	.00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 34.79 27.73 45.16 7.46 \$.00 .00 .00 \$ 25.09 .00 .00 .00 25.09 \$ 331.97 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.	.00 PAGE 3,002 01/29/04 GE COST PER ELIGIBLE \$.46 .10 .34 .01 \$.00 .00 .00 .00 .14 .00 .00 .14 \$ 12.50 \$.00 \$.00 \$.14 \$ 12.50 \$.00 \$.14 \$ 12.50 \$.00 \$.14 \$ 12.50 \$.10 \$.14 \$ 12.50 \$.14 \$.10 \$.10 \$.14

MDANICIMIANI ID CADE	-	50		7,704.45	۷.	10.12	.072		1770.11		13.01
TRANSITIONAL IP CARE	0	1.6		.00	4.5	.00	.000		.00		.00
ALL OTHER ACCOM	4	0 16 0 73		6,719.47	41	19.97	.030		1679.87		12.65
ANCILLARIES	8	0		21,903.79		.00	.000		2737.97		41.25
INPATIENT CROSSOVERS	8	73		5,932.01	8	81.26	.137		741.50		11.17
ALL OTHER INPATIENT	0 246	0 2,562 112		.00	2	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	246	2,562		62,412.04	2	24.36	4.825		253.71		117.54
MEDICAL	54	112		5,096.41	4	45 50	.211		94.38		9.60
SURGERY	14	16		650.68		40 67	.030		46.48		1.23
PATHOLOGY	87	446		4,054.41		0.07	.840		46.60		7.64
	61	188		10 162 47	(9.U9 C4 70					
RADIOLOGY							.354		199.40		22.91
ROOM USE	103	209 1,591		7,780.31		37.23	.394		75.54		14.65
CROSSOVERS/ALL OTH OUTPTNT	174	1,591		32,666.76		20.53	2.996		187.74		61.52
@COUNTY HOSPITAL TOTAL	2	4 :	\$	7.77	\$	1.94	.008	\$	3.89	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	0	0 0 0 0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ü	Ü		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		7.77		1.94	.008		3.89		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00			.000		.00		
	0	0				.00					.00
PATHOLOGY	U	U		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	4		7.77		1.94	.008		3.89		.01
CROSSOVERS/ALL OTH OUTPTNT			S MON'		PORT FO			DEC			
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S MON'		PORT FO			DEC			AGE 3,003
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES COENTAL		TH-OF-PAYMENT RE		OR JAN 2	2003 THRU	DEC			
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES		TH-OF-PAYMENT RE		OR JAN 2	2003 THRU 6Y		2003	P	PAGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURE: //DENTAL /ICES FOR MN - SOC	- DI	TH-OF-PAYMENT RE	CODES 65	OR JAN 2 5 67 6W	2003 THRU 6Y	IONT	2003 HLY AVERA	P .GE	PAGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE	- DI	TH-OF-PAYMENT RE	CODES 65	OR JAN 2 5 67 6W GE COST	2003 THRU 6Y M UNITS/DAY	IONT	2003 HLY AVERA COST PER	P .GE	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES I/DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	- DI	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES	CODES 65 AVERAC	OR JAN 2 5 67 6W GE COST	2003 THRU 6Y M UNITS/DAY PER ELIG	IONT 'S	2003 HLY AVERA COST PER USER	P .GE	AGE 3,003 01/29/04 COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306	ES AND EXPENDITURES I/DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60	ODES 65 AVERAC PER UN \$ 22	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71	6Y M UNITS/DAY PER ELIG 6.318	IONT 'S ; ;	2003 HLY AVERA COST PER USER 2376.00	P .GE	AGE 3,003 01/29/04 COST PER ELIGIBLE 1369.22
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306	ES AND EXPENDITURES I/DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60	ODES 65 AVERAC PER UN \$ 22	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71	6Y M UNITS/DAY PER ELIG 6.318	IONT 'S ;	2003 HLY AVERA COST PER USER 2376.00 7552.87	P .GE	AGE 3,003 01/29/04 COST PER ELIGIBLE 1369.22 1251.70
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33	AVERAC PER UN \$ 21 83	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53	6Y M UNITS/DAY PER ELIG 6.318	IONT 'S ;	2003 HLY AVERA COST PER USER 2376.00	P .GE	AGE 3,003 01/29/04 COST PER ELIGIBLE 1369.22
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33	AVERAC PER UN \$ 21 83	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71	6Y M UNITS/DAY PER ELIG 6.318	IONT 'S ;	2003 HLY AVERA COST PER USER 2376.00 7552.87	P AGE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14.703.92	AVERAC PER UN \$ 23 83 92 67	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29	6Y MUNITS/DAY PER ELIG 6.318 1.501 1.262 .102	IONT 'S ;	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96	P AGE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14.703.92	AVERAC PER UN \$ 23 83 92 67	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29	6Y M UNITS/DAY PER ELIG 6.318 1.501 1.262 .102	IONT 'S ;	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99	P AGE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45	AVERAC PER UN \$ 23 83 92 67	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29	6Y M UNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .072	IONT 'S ;	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11	P AGE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45	AVERAC PER UN \$ 23 83 92 67 22	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00	6Y M UNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .072 .000	IONT 'S ;	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00	P AGE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88	ES AND EXPENDITURES DENTAL CICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47	AVERAGE PER UN \$ 20 60 60 20 20 41	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97	6Y M UNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .072 .000 .030	IONT 'S ;	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87	P AGE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88	ES AND EXPENDITURES DENTAL CICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79	AVERAGE PER UN \$ 25 67 67 22 41	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00	6Y M UNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .072 .000 .030 .000	IONT 'S ;	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97	P AGE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88	ES AND EXPENDITURES DENTAL CICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01	AVERAGE PER UN \$ 25 67 27 25 45	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26	6Y M UNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .072 .000 .030 .000 .137	IONT S \$ \$	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50	P .GE \$	AGE 3,003 01/29/04 COST PER ELIGIBLE 1369.22 1251.70 1171.59 68.94 27.69 15.04 .00 12.65 41.25 11.17
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88 72 8 8 4 0 4 8 8 0	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797 670 54 54 54 38 0 16 0 73	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01	AVERAC PER UN \$ 23 83 92 67 27 41	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00	6Y M UNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .072 .000 .030 .000 .137	IONT S \$ \$	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50	P .GE \$	AGE 3,003 01/29/04 COST PER ELIGIBLE 1369.22 1251.70 1171.59 68.94 27.69 15.04 .00 12.65 41.25 11.17
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88 72 8 8 4 0 4 8 8 0	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797 670 54 54 38 0 16 0 73 0 2,558	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01	AVERAC PER UN \$ 23 83 92 67 27 41	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26	6Y M UNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .072 .000 .030 .000 .137	IONT S \$ \$	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50	P .GE \$	AGE 3,003 01/29/04 COST PER ELIGIBLE 1369.22 1251.70 1171.59 68.94 27.69 15.04 .00 12.65 41.25 11.17
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88 72 8 8 4 0 4 0 4 8 8	ES AND EXPENDITURES DENTAL CICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01	AVERAC PER UN \$ 23 83 92 67 27 41	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00	6Y M UNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .072 .000 .030 .000 .137	IONT S \$ \$	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50	P .GE \$	AGE 3,003 01/29/04 COST PER ELIGIBLE 1369.22 1251.70 1171.59 68.94 27.69 15.04 .00 12.65 41.25 11.17
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 306 88 72 8 8 4 0 4 0 4 8 8 0 245 54	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797 670 54 54 38 0 16 0 73 0 2,558 112	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01 .00 62,404.27 5,096.41	AVERAC PER UN \$ 21 8 81 92 6 6 27 21	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00 24.40 45.50	6Y M UNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .072 .000 .030 .000 .137 .000 4.817 .211	IONT S \$ \$	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50 .00 254.71 94.38	P .GE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 306 88 72 8 8 4 0 4 0 4 8 8 0 245 54 14	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797 670 54 54 38 0 16 0 73 0 2,558 112 16	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01 .00 62,404.27 5,096.41 650.68	AVERAC PER UN \$ 21 8 81 92 6 6 27 21	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00 24.40 45.50 40.67	6Y	IONT S \$ \$	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50 .00 254.71 94.38 46.48	P .GE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 306 88 72 8 8 4 0 4 0 4 8 8 8 0 245 54 14 87	ES AND EXPENDITURES I/DENTAL I/ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797 670 54 54 38 0 16 0 73 0 2,558 112 16 446	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01 .00 62,404.27 5,096.41 650.68 4,054.41	AVERAC PER UN \$ 23 83 92 67 27 23	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00 24.40 45.50 40.67 9.09	6Y	IONT S \$ \$	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50 .00 254.71 94.38 46.48 46.60	P .GE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 306 88 72 8 8 4 0 4 0 4 8 8 0 245 54 14 87 61	ES AND EXPENDITURES I/DENTAL I/ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 3 797 670 54 54 38 0 16 0 73 0 2,558 112 16 446 188	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01 .00 62,404.27 5,096.41 650.68 4,054.41 12,163.47	AVERAC PER UN \$ 23 67 22 43	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00 24.40 45.50 40.67 9.09 64.70	6Y	IONT S \$ \$	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50 .00 254.71 94.38 46.48 46.60 199.40	P .GE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 306 88 72 8 8 4 0 4 0 4 8 8 8 0 245 54 14 87 61 103	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797 670 54 54 38 0 16 0 73 0 2,558 112 16 446 188 209	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01 .00 62,404.27 5,096.41 650.68 4,054.41 12,163.47 7,780.31	AVERAGE AVERAG	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00 24.40 45.50 40.67 9.09 64.70 37.23	6Y N UNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .000 .030 .000 .137 .000 4.817 .211 .030 .840 .354 .394	IONT S \$ \$	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50 .00 254.71 94.38 46.48 46.60 199.40 75.54	P .GE \$	AGE 3,003 01/29/04 COST PER ELIGIBLE 1369.22 1251.70 1171.59 68.94 27.69 15.04 .00 12.65 41.25 11.17 .00 117.52 9.60 1.23 7.64 22.91 14.65
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 88 8 4 0 0 4 4 8 8 8 0 0 245 54 14 87 61 103 173	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797 670 54 54 54 38 0 16 0 73 0 2,558 112 16 446 188 209 1,587	- DI;	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01 .00 62,404.27 5,096.41 650.68 4,054.41 12,163.47 7,780.31 32,658.99	AVERAC PER UI \$ 21 83 92 67 27 21	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00 24.40 45.50 40.67 9.09 64.70 37.23 20.58	6Y M UNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .000 .030 .000 .137 .000 4.817 .211 .030 .840 .354 .394 2.989	IONT	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 2737.97 741.50 .00 254.71 94.38 46.48 46.60 199.40 75.54 188.78	PGE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 88 8 4 0 0 4 8 8 0 0 245 54 14 87 61 103 173 0	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797 670 54 54 54 38 0 16 0 73 0 2,558 112 16 446 188 209 1,587	- DI:	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01 .00 62,404.27 5,096.41 650.68 4,054.41 12,163.47 7,780.31 32,658.99 .00	AVERAGE AVERAG	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00 24.40 45.50 40.67 9.09 64.70 37.23 20.58 .00	6Y M UNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .072 .000 .030 .000 .137 .000 4.817 .211 .030 .840 .354 .394 2.989 .000	IONT S \$ \$	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50 .00 254.71 94.38 46.48 46.60 199.40 199.40 75.54 188.78 .00	P .GE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 88 8 4 0 0 4 4 8 8 0 0 245 54 14 87 61 103 173 0 0 0	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797 670 54 54 54 38 0 16 0 73 0 2,558 112 16 446 188 209 1,587 0 0	- DI;	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01 .00 62,404.27 5,096.41 650.68 4,054.41 12,163.47 7,780.31 32,658.99 .00 .00	AVERAC PER UI \$ 21 83 92 67 27 21	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00 24.40 45.50 40.67 9.09 64.70 37.23 20.58 .00 .00	6Y MUNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .072 .000 .030 .000 .137 .000 4.817 .211 .030 .840 .354 .394 2.989 .000	IONT	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50 .00 254.71 94.38 46.48 46.60 199.40 75.54 188.78 .00 .00	PGE \$	AGE 3,003 01/29/04 COST PER ELIGIBLE 1369.22 1251.70 1171.59 68.94 27.69 15.04 .00 12.65 41.25 11.17 .00 117.52 9.60 1.23 7.64 22.91 14.65 61.50 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE REPORT R	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797 670 54 54 54 38 0 16 0 73 0 2,558 112 16 446 188 209 1,587 0 0	- DI;	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01 .00 62,404.27 5,096.41 650.68 4,054.41 12,163.47 7,780.31 32,658.99 .00 .00 .00	AVERAC PER UI \$ 21 83 92 67 27 21	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00 24.40 45.50 40.67 9.09 64.70 37.23 20.58 .00	6Y	IONT	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50 .00 254.71 94.38 46.48 46.60 199.40 199.40 75.54 188.78 .00	PGE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 88 8 4 0 0 4 4 8 8 0 0 245 54 14 87 61 103 173 0 0 0	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797 670 54 54 54 38 0 16 0 73 0 2,558 112 16 446 188 209 1,587 0 0	- DI;	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01 .00 62,404.27 5,096.41 650.68 4,054.41 12,163.47 7,780.31 32,658.99 .00 .00	AVERAC PER UN \$ 25 83 92 41 42 42 43	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00 24.40 45.50 40.67 9.09 64.70 37.23 20.58 .00 .00	6Y MUNITS/DAY PER ELIG 6.318 1.501 1.262 .102 .102 .072 .000 .030 .000 .137 .000 4.817 .211 .030 .840 .354 .394 2.989 .000	IONT	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50 .00 254.71 94.38 46.48 46.60 199.40 75.54 188.78 .00 .00	PGE \$	AGE 3,003 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 531 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE REPORT R	ES AND EXPENDITURES DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 3,355 797 670 54 54 54 38 0 16 0 73 0 2,558 112 16 446 188 209 1,587 0 0	- DI: \$	TH-OF-PAYMENT RE SABLED AID C EXPENDITURES 727,056.60 664,652.33 622,112.61 36,607.71 14,703.92 7,984.45 .00 6,719.47 21,903.79 5,932.01 .00 62,404.27 5,096.41 650.68 4,054.41 12,163.47 7,780.31 32,658.99 .00 .00 .00	AVERAC PER UN \$ 25 83 92 41 42 42 43	OR JAN 2 5 67 6W GE COST NIT/DAY 16.71 33.94 28.53 77.92 72.29 10.12 .00 19.97 .00 81.26 .00 24.40 45.50 40.67 9.09 64.70 37.23 20.58 .00 .00	6Y	dont (S ; ; ; ;	2003 HLY AVERA COST PER USER 2376.00 7552.87 8640.45 4575.96 1837.99 1996.11 .00 1679.87 2737.97 741.50 .00 254.71 94.38 46.48 46.60 199.40 75.54 188.78 .00 .00 .00	PAGE \$	AGE 3,003 01/29/04

ADMINISTRATIVE DAYS

4

38

7,984.45

.072

1996.11

15.04

210.12

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	7	156		71,055.34		455.48	.294		10150.76		133.81
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	29	1,077		103,695.26		96.28	2.028		3575.70		195.28
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	ė.	.00	\$.00
	0		Ą		Ą			Ą		Ą	
ICF DDH	•	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	23	79	\$	18,877.61	\$	238.96	.149	\$	820.77	\$	35.55
HOSPITAL BASED	3	40		6,422.81		160.57	.075		2140.94		12.10
HEMODIALYSIS CENTER	21	39		12,454.80		319.35	.073		593.09		23.46
@REHABILITATION FACILITY	3	10	\$	205.16	\$	20.52		\$	68.39	Ċ	.39
HOSPITAL BASED	3	10	Ų	205.16	Y	20.52	.019	Y	68.39	Ÿ	.39
	0										
INDEPENDENT FACILITY		0		.00	_	.00	.000	_	.00		.00
@LABORATORY FACILITY	11	54	\$	528.92	\$	9.79	.102	Ş	48.08	\$	1.00
PATHOLOGY	11	54		528.92		9.79	.102		48.08		1.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20	45	\$	4,761.48	\$	105.81	.085	\$	238.07	\$	8.97
CLINIC	0	0	•	.00	•	.00	.000		.00	•	.00
SURGICENTER	1	5		178.21		35.64	.009		178.21		.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	40		4,583.27		114.58	.075		241.22		8.63
#CALIF DEPT OF HEALTH SERV			IRES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 3,004
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MN - S	SOC -	DISABLED AID (CODES	65 67 6W	6Y				
							M	ONT	HLY AVERA	GE ·	
531 ELIGIBLES	USERS	UNITS OF SERVIC	T.	EXPENDITURES	ΔVF	RAGE COST	IINTTS/DAY	'S	COST PER	(COST PER
331 111012110	OBLIES	OR DAYS OF CAR				UNIT/DAY			USER		ELIGIBLE
		OK DAIS OF CAR	نلا		FIL						
	100	7 005	4	4E 007 06	۲.	E 00	1/ 600	بخ	267 00	۲,	
@ALL OTHER PROVIDERS	125	7,805	\$	45,997.86	\$		14.699	\$	367.98	\$	86.62
DURABLE MED. EQUIP.	9	21	\$	4,751.93	\$	226.28	.040	\$	527.99	\$	8.95
DURABLE MED. EQUIP. BLOOD BANK	9 0	21 0	\$	4,751.93	\$	226.28	.040	\$	527.99 .00	\$	8.95 .00
DURABLE MED. EQUIP.	9	21	\$	4,751.93	\$	226.28	.040	\$	527.99	\$	8.95
DURABLE MED. EQUIP. BLOOD BANK	9 0	21 0	\$	4,751.93	\$	226.28	.040	\$	527.99 .00	\$	8.95 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	9 0 0	21 0 0	\$	4,751.93 .00 .00 9,659.50	\$	226.28 .00 .00	.040 .000 .000	\$	527.99 .00 .00	\$	8.95 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	9 0 0 66 48	21 0 0 919 558	\$	4,751.93 .00 .00 9,659.50 7,977.60	\$	226.28 .00 .00 10.51 14.30	.040 .000 .000 1.731 1.051	\$	527.99 .00 .00 146.36 166.20	\$	8.95 .00 .00 18.19 15.02
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	9 0 0 66 48 17	21 0 0 919 558 351	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74	\$	226.28 .00 .00 10.51 14.30 4.61	.040 .000 .000 1.731 1.051 .661	\$	527.99 .00 .00 146.36 166.20 95.10	\$	8.95 .00 .00 18.19 15.02 3.04
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	9 0 0 66 48 17 2	21 0 0 919 558 351	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16	\$	226.28 .00 .00 10.51 14.30 4.61 6.52	.040 .000 .000 1.731 1.051 .661	\$	527.99 .00 .00 146.36 166.20 95.10 32.58	\$	8.95 .00 .00 18.19 15.02 3.04
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	9 0 0 66 48 17 2 0	21 0 0 919 558 351 10	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00	.040 .000 .000 1.731 1.051 .661 .019	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00	\$	8.95 .00 .00 18.19 15.02 3.04 .12
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	9 0 0 66 48 17 2 0 8	21 0 0 919 558 351 10 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19	.040 .000 .000 1.731 1.051 .661 .019	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	9 0 0 66 48 17 2 0 8	21 0 0 919 558 351 10 0 64	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19	.040 .000 .000 1.731 1.051 .661 .019 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	9 0 0 66 48 17 2 0 8	21 0 0 919 558 351 10 0 64 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 8.24
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	9 0 0 66 48 17 2 0 8 0 5	21 0 0 919 558 351 10 0 64	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19	.040 .000 .000 1.731 1.051 .661 .019 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	9 0 0 66 48 17 2 0 8	21 0 0 919 558 351 10 0 64 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 8.24
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	9 0 0 66 48 17 2 0 8 0 5	21 0 0 919 558 351 10 0 64 0 21 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000 .040 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 8.24 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	9 0 0 66 48 17 2 0 8 0 5	21 0 0 919 558 351 10 0 64 0 21 0 30	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000 .040 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 8.24 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	9 0 0 66 48 17 2 0 8 0 5	21 0 0 919 558 351 10 0 64 0 21 0 30 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000 .040 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68	₹?	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 8.24 .00 .60
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	9 0 0 66 48 17 2 0 8 0 5	21 0 0 919 558 351 10 0 64 0 21 0 30 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000 .040 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23	₹?	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 8.24 .00 .60 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	9 0 0 66 48 17 2 0 8 0 5	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3 22 22	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000 .040 .000 .056 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 1332.23	₹?	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 8.24 .00 .60 .00 .07
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	9 0 0 66 48 17 2 0 8 0 5 0 9 0 1 4 4 4	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000 .040 .000 .056 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 1332.23	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 8.24 .00 .60 .00 .07
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	9 0 0 66 48 17 2 0 8 0 5	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3 22 22	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000 .040 .000 .056 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 1332.23	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 8.24 .00 .60 .00 .07
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	9 0 0 66 48 17 2 0 8 0 5 0 9 0 1 4 4 4	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000 .040 .000 .056 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 1332.23	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 8.24 .00 .60 .00 .07
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	9 0 0 66 48 17 2 0 8 0 5 0 9 0 1 4 4 4 0 0	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3 22 22 22 0 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92 5,328.92	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22 .00 .00	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000 .040 .000 .056 .000 .041 .041	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 1332.23	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 8.24 .00 .60 .07 10.04 10.04
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	9 0 0 66 48 17 2 0 8 0 5 0 9 0 1 4 4 0 0	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3 22 22 22 0 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92 5,328.92	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22 .00 .00 .00	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000 .040 .000 .056 .000 .041 .041	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 1332.23 .00 .00	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 .60 .00 .07 10.04 10.04 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS	9 0 66 48 17 2 0 8 0 5 0 9 0 1 4 4 0 0	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3 22 22 22 0 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92 5,328.92	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22 .00 .00 .00	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000 .040 .000 .056 .000 .041 .041 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 .00 .00 .00 .00 .00 .00 .00	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 .60 .00 .07 10.04 10.04 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES	9 0 0 66 48 17 2 0 8 0 5 0 9 0 1 4 4 0 0	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3 22 22 22 0 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92 5,328.92	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22 .00 .00 .00	.040 .000 .000 1.731 1.051 .661 .019 .000 .121 .000 .040 .000 .056 .000 .041 .041 .000 .000 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 .00 .00 .00 .00 .00 .00	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 .60 .00 .07 10.04 10.04 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE	9 0 66 48 17 2 0 8 0 5 0 9 0 1 4 4 0 0	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3 22 22 22 0 0 0 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 .65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92 5,328.92 .00 .00	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22 .00 .00 .00	.040 .000 .000 1.731 1.051 .061 .000 .121 .000 .040 .000 .056 .000 .006 .041 .000 .000 .000 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 1332.23 .00 .00 .00 2820.62 .00	Ş	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 .60 .00 .07 10.04 10.04 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	9 0 0 66 48 17 2 0 8 0 5 0 9 0 1 4 4 4 0 0 0	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3 22 22 22 0 0 0 0 1	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92 5,328.92 .00 .00 .00 .11,282.49 .00 .00 .00 .00 .29.48	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22 .00 .00 .00 .00 .00 .00	.040 .000 .000 1.731 1.051 .661 .019 .000 .040 .000 .056 .000 .006 .041 .041 .000 .000 .000 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 1332.23 .00 .00 .00 .00 .00 .00 .00	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 .60 .00 .07 10.04 10.04 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING	9 0 0 66 48 17 2 0 8 0 5 0 9 0 1 4 4 4 0 0 0 0 0	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3 22 22 22 0 0 0 85 0 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 .65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92 5,328.92 .00 .00	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22 .00 .00 .00 .00 .00 .00	.040 .000 .000 1.731 1.051 .061 .000 .121 .000 .040 .000 .056 .000 .006 .041 .000 .000 .000 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 .00 .00 .00 .00 2820.62 .00 .00 .00 .00 .00 .00 .00 .00	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 .60 .00 .07 10.04 10.04 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	9 0 0 66 48 17 2 0 8 0 5 0 9 0 1 4 4 4 0 0 0	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3 22 22 22 0 0 0 0 1	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92 5,328.92 .00 .00 .00 .11,282.49 .00 .00 .00 .00 .29.48	\$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22 .00 .00 .00 .00 .00 .00	.040 .000 .000 1.731 1.051 .661 .019 .000 .040 .000 .056 .000 .006 .041 .041 .000 .000 .000 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 1332.23 .00 .00 .00 .00 .00 .00 .00	\$	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 .60 .00 .07 10.04 10.04 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	9 0 0 66 48 17 2 0 8 0 5 0 9 0 1 4 4 4 0 0 0 0 0	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3 22 22 22 0 0 0 85 0 0	\$	4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 .65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92 5,328.92 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22 .00 .00 .00 .00 .00 .00	.040 .000 .000 1.731 1.051 .661 .019 .000 .040 .000 .056 .000 .006 .041 .041 .000 .000 .000 .000 .000	\$	527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 .00 .00 .00 .00 2820.62 .00 .00 .00 .00 .00 .00 .00 .00	Ş	8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 .60 .00 .07 10.04 10.04 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING	9 0 0 66 48 17 2 0 8 0 5 0 9 0 1 4 4 4 0 0 0 0 0 1	21 0 0 919 558 351 10 0 64 0 21 0 30 0 3 22 22 22 0 0 0 85 0 0 0 0 0 0 0 0 0 0 0 0 0		4,751.93 .00 .00 9,659.50 7,977.60 1,616.74 .65.16 .00 4,428.21 .00 4,375.05 .00 319.05 .00 38.68 5,328.92 5,328.92 5,328.92 .00 .00 .00 .11,282.49 .00 .00 .00 .29.48 .00	\$ \$	226.28 .00 .00 10.51 14.30 4.61 6.52 .00 69.19 .00 208.34 .00 10.64 .00 12.89 242.22 242.22 .00 .00 .00 .00 .00 .00 .00	.040 .000 .000 1.731 1.051 .661 .019 .000 .040 .000 .056 .000 .006 .041 .041 .000 .000 .000 .000 .000		527.99 .00 .00 146.36 166.20 95.10 32.58 .00 553.53 .00 875.01 .00 35.45 .00 38.68 1332.23 1332.23 .00 .00 .00 .00 2820.62 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		8.95 .00 .00 18.19 15.02 3.04 .12 .00 8.34 .00 8.24 .00 .60 .00 .07 10.04 10.04 .00 .00 .00 .00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,005 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	ITHLY AVERA	GE
2,151 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,747	21,773	\$	1,397,621.23	\$ 64.19	10.122	508.78	\$ 649.75
@PHYSICIANS SERVICES	1,260	5,917	\$	267,271.91	\$ 45.17	2.751	212.12	\$ 124.25
OUTPATIENT VISITS	723	1,057		43,556.60	41.21	.491	60.24	20.25
OFFICE VISITS	289	444		13,303.76	29.96	.206	46.03	6.18
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	378	443		26,647.92	60.15	.206	70.50	12.39
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	15	60		1,239.73	20.66	.028	82.65	.58

OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS ENTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOPO 24 FRESNO COUNTY	87	110			2,365.19		21.50	.051		27.19		1.10
INPATIENT VISITS	116	381			16,277.06		42.72	.177		140.32		7.57
HOSPITAL VISITS	114	363			14,313.41		39.43	.169		125.56		6.65
CRITICAL CARE	8	17			1,936.15		113.89	.008		242.02		.90
SNF/ICF/TRANS IP CARE	1	1			27.50		27.50	.000		27.50		.01
OPHTHALMOLOGICAL SERVICES	11	12			420.97		35.08	.006		38.27		. 20
EXAMINATIONS	11	12			420 97		35.08	.006		38.27		.20
SERVICES AND MATERIALS	0	0			00		00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	105	622			48 912 35		78 64	.289		465.83		22.74
PRINCIPAL SURGEON	78	131			41 629 64		317 78	.061		533.71		19.35
ASSISTANT SURGEON	8	9			1 201 63		133 51	.004		150.20		.56
AMEGTHEGIOLOGIGT	31	482			6 081 08		12 62	.224		196.16		2.83
OUTDATIESTOLOGIST	152	305			22 782 30		107 49	.142		214.26		15.24
DDINCIDAL CURCEON	124	165			20 061 10		176 12	.077		214.20		13.51
ACCICTANT CIDCEON	134	105			29,001.10		160 12	.002		168.13		.39
ADDIDIANI SUKGEON	25	125			2 000 57		21 24	.063		115.22		1.34
ANESINESIOLOGISI	25	T 2 2			2,000.37		41.34 40 E2					1.13
DIALISIS	104	470			2,420.04		40.34	.023		269.56 52.69		4.75
PATHOLOGY	194	4/0			10,221.74		21.75					
RADIOLOGY	3 / 0	/93			27,060.85		34.12	.369		73.14		12.58
PSYCHIATRY	0	1 616			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	40	1,616			62,416.82		38.62	.751		1560.42		29.02
OTHER SERVICES/ALL X-OVERS	212	611			23,197.18		37.97	.284		109.42		10.78
@PHARMACY	/28	4,332	Ş		158,650.10	Ş	36.62	2.014	Ş	217.93	Ş	73.76
PRESCRIPTION DRUGS	701	2,286			151,710.17		66.36	1.063		216.42		70.53
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	701	2,286			151,710.17		66.36	1.063		216.42		70.53
MEDICAL SUPPLIES	65	2,046			6,939.93		3.39	.951		106.77		3.23
@DENTIST	381	2,156	\$		47,620.42	\$	22.09	1.002 .658	\$		\$	22.14
VISITS - DIAGNOSTIC	254	1,415			8,681.65		6.14	.658		34.18		4.04
ORAL SURGERY	43	99			6,238.75		63.02	.046		145.09		2.90
DRUGS	8	16			288.75		18.05	.007		36.09		.13
ANESTHESIA	8	8			800.00		100.00	.004		100.00		.37
PERIODONTICS	27	27			3,629.00		134.41	.013		134.41		1.69
ENDODONTICS	20	23			3,071.00		133.52	.011		153.55		1.43
RESTORATIVE DENTISTRY	143	434			20,630.27		47.54	.202		144.27		9.59
PROSTHETICS	3	3			30.00		10.00	.001		10.00		.01
DENTURES, STAYPLATES	11	58			2,631.00		45.36	.027		239.18		1.22
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	1			1,200.00		1200.00	.000		.00 1200.00		.56
ORTHODONTIC SERVICES	23	27			220.00		8.15	.013		9.57		.10
ALL OTHER SERVICES	23	44			200.00		4.55	.020		8.70		.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES	MONT	H-OF-PAYMENT RE	EPOR	T FOR JAN	2003 THRU I	DEC	2003	P	AGE 3,006
MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MN - SC)C -	- FAM	ILIES AID CODE	5R	6R 37					
								MO	TNC	THLY AVERA	GE.	
2,151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE 205	:		EXPENDITURES	ΑV	ERAGE COST		_		_	COST PER
,	USERS 69	OR DAYS OF CARE	:			PE	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	69	205	Ġ		4,463.38	\$				64.69		2.08
DIAGNOSTIC AND ANC. PROCED	51	51	т.		2,119.65	τ.		.024	т.	41.56	т.	.99
EVE ADDITANCED	L 3	150			2,110.03		14.01	071		11.50		1 05

						1.10)TA T	TILL AVEKA	LO E	
2,151 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	69	205	\$ 4,463.38	\$	21.77	.095	\$	64.69	\$	2.08
DIAGNOSTIC AND ANC. PROCED	51	51	2,119.65		41.56	.024		41.56		.99
EYE APPLIANCES	53	152	2,250.83		14.81	.071		42.47		1.05
OTHER OPTOMETRIC SERVICES	1	2	92.90		46.45	.001		92.90		.04
@CHIROPRACTOR	4	5	\$ 83.60	\$	16.72	.002	\$	20.90	\$.04
VISITS	4	5	83.60		16.72	.002		20.90		.04
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	12	15	\$ 428.07	\$	28.54	.007	\$	35.67	\$.20
MEDICINE/INJECTIONS	10	10	304.10		30.41	.005		30.41		.14
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	2	5	123.97		24.79	.002		61.99		.06

@HOME HEALTH AGENCY	9	96	\$	7,083.77	\$	73.79	.045	\$	787.09	\$	3.29
NURSE ANESTHESIST	4	21	\$	406.31	\$	19.35	.010	\$	101.58	\$.19
NURSE MIDWIFE	0	0	Ė	.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Š	.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ġ		\$.00	.000		.00		.00
		5,437	Ą								
@TOTAL HOSPITAL	928	5,43/	Ş		\$		2.528	Ş	867.65	Ş	374.33
HOSP INPATIENT TOTAL	145	701		689,019.84		982.91	.326		4751.86		320.33
HSC HOSPITALS	123	615		574,204.46		933.67	.286		4668.33		266.95
NON-HSC HOSPITAL TOTAL	22	86		114,383.64		1330.04	.040		5199.26		53.18
ACCOMMODATIONS	22	86		37,015.51		430.41	.040		1682.52		17.21
ADMINISTRATIVE DAYS	1	6		1,347.97		224.66	.003		1347.97		.63
TRANSITIONAL IP CARE	1 0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER ACCOM	21	80		35,667.54		445.84	.037		1698.45		16.58
ANCILLARIES	22	6 0 80 0 0 0 4,736		77,368.13		.00	.000		3516.73		35.97
INPATIENT CROSSOVERS	1	0		431.74		.00	.000		431.74		.20
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	819	4,736		116,162.50		24.53	2.202		141.83		54.00
MEDICAL	256	392		16,021.83		40.87	.182		62.59		7.45
SURGERY	72	80		3,853.74		48.17	.037		53.52		1.79
	368			14,870.02		9.47	.730		40.41		6.91
PATHOLOGY		1,571									
RADIOLOGY	313	512		32,697.89		63.86	.238		104.47		15.20
ROOM USE	530	782		26,136.10		33.42	.364		49.31		12.15
CROSSOVERS/ALL OTH OUTPTNT	446	1,399		22,582.92		16.14	.650		50.63		10.50
@COUNTY HOSPITAL TOTAL	1	3	\$	3,585.00	\$	1195.00	.001	\$	3585.00	\$	1.67
CO HOSPITAL INPATIENT TOTAL	1	3		3,585.00		1195.00	.001		3585.00		1.67
HSC HOSPITALS	1	3		3,585.00		1195.00	.001		3585.00		1.67
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
MEDICAL	U	U		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
		ES AND EXPENDITUR	ES	MONTH-OF-PAYMENT RE	POR'			DEC		P	AGE 3,007
MOP024	FEE-FOR-SERVICE			11011111 01 11111111111 111	JI 010	1 1010 01110	2005 111110		2005	-	01/29/04
FRESNO COUNTY				FAMILIES AID CODE	ED	CD 27					01/29/04
FRESHO COUNTI	SUMMARI OF SERV	ICES FOR MIN - SO	C -	FAMILIES AID CODE	3K	OK 37	M	صمتر ا	TIT 3/ 3 T/DD 3	C E	
2,151 ELIGIBLES	HGEDG	INTEG OF GEDVICE		EXPENDIBLE	7. 7. 7						
Z,ISI ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE				- ,	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	927	5,434	\$	801,597.34	\$		2.526				372.66
COMM HOSP INPATIENT TOTAL	144	698		685,434.84		982.00	.325		4759.96		318.66
HSC HOSPITALS	122	612		570,619.46		932.38	.285		4677.21		265.28
NON-HSC HOSPITALS TOTAL	22	86		114,383.64		1330.04	.040		5199.26		53.18
ACCOMMODATIONS	22	86		37,015.51		430.41	.040		1682.52		17.21
ADMINISTRATIVE DAYS	1	6		1,347.97		224.66	.003		1347.97		.63
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	80		35,667.54		445.84	.037		1698.45		16.58
ANCILLARIES	22	0		77,368.13		.00	.000		3516.73		35.97
INPATIENT CROSSOVERS	1	0		431.74		.00	.000		431.74		.20
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	819	4,736		116,162.50		24.53	2.202		141.83		54.00
MEDICAL	256	392		16,021.83		40.87	.182		62.59		7.45
	200	3,2		10,021.03		20.07			01.00		15

SURGERY	72	80		3,853.74		48.17	.037		53.52		1.79
PATHOLOGY	368	1,571		14,870.02		9.47	.730		40.41		6.91
RADIOLOGY	313	512		32,697.89		63.86	.238		104.47		15.20
ROOM USE	530	782		26,136.10		33.42	.364		49.31		12.15
CROSSOVERS/ALL OTH OUTPTNT	446	1,399		22,582.92		16.14	.650		50.63		10.50
@STATE HOSPITAL	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	634	\$	12,386.88	\$	19.54	.295	\$	1126.08	\$	5.76
HOSPITAL BASED	1	12	•	2,011.06	•	167.59	.006	-	2011.06	•	.93
HEMODIALYSIS CENTER	10	622		10,375.82		16.68	.289		1037.58		4.82
@REHABILITATION FACILITY	13	118	\$	1,924.42	\$	16.31	.055	\$	148.03	\$.89
HOSPITAL BASED	13	118		1,924.42		16.31	.055		148.03		.89
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	133	761	\$	9,784.05	\$	12.86	.354	\$	73.56	\$	4.55
PATHOLOGY	133	761		9,784.05		12.86	.354		73.56		4.55
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	252	501	\$	57,667.73	\$	115.11	.233	\$	228.84	\$	26.81
CLINIC	16	50		1,263.01		25.26	.023		78.94		.59
SURGICENTER	14	78		12,802.03		164.13	.036		914.43		5.95
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	222	373		43,602.69		116.90	.173		196.41		20.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU 1	DEC	2003	PI	AGE 3,008
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MN - S	SOC -	FAMILIES AID CODE	5R 6	5R 37					
							Mo	TNC	HLY AVERA	GE -	
2,151 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY:		COST PER	(COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	243	1,575	\$	24,668.25	\$	15.66	.732	\$	101.52	\$	11.47
DIDABLE MED EQUIED	0	2.0		1 E11 07		75 55	000		100 00		7.0

					11011		J <u> </u>
2,151 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	243	1,575 \$	24,668.25	\$ 15.66	.732 \$	101.52	\$ 11.47
DURABLE MED. EQUIP.	8	20	1,511.07	75.55	.009	188.88	.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	123	1,295	19,607.15	15.14	.602	159.41	9.12
AMBULANCES/AIR TRANS	123	1,293	16,007.15	12.38	.601	130.14	7.44
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.001	1800.00	1.67
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	72	160	1,886.80	11.79	.074	26.21	.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	514.53	85.76	.003	171.51	. 24
PROSTHETICS	2	3	390.90	130.30	.001	195.45	.18
ORTHOTICS	1	3	123.63	41.21	.001	123.63	.06
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	48.84	.00	.000	. (0.0	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	. (00	.00
LOCAL EDUCATION AGENCIES	37	91	902.80	9.92	.042	24.	10	.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	. (0 (.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	. (0 (.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	. (0 (.00
ALL OTHER PROVIDERS	2	2	92.06	46.03	.001	46.0)3	.04
@CALIF. CHILDREN SERVICES*	26	163	\$ 73,720.39	\$ 452.27	.076	\$ 2835.4	10 \$	34.27
@XOVER EXCLUDING STATE HOSP**	17	59	\$ 3,090.38	\$ 52.38	.027	\$ 181.	79 \$	1.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,009
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

FRESNO COUNTY		VICES FOR MN - SOC - T	OTAL				
					MON		
3,133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,277	55,355 \$	3,422,811.07	\$ 61.83	17.668 \$	800.28	\$ 1092.50
@PHYSICIANS SERVICES	1,755	9,312 \$		\$ 41.22	2.972 \$		\$ 122.51
OUTPATIENT VISITS	845	1,244	53,061.98	42.65	.397	62.80	16.94
OFFICE VISITS	327	502	15,028.80	29.94	.160	45.96	4.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	USERS 4,277 1,755 845 327 0 449 0 15 119	529	33,494.58	63.32	.169	74.60	10.69
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	15	60	1,239.73	20.66	.019	82.65	.40
OTHER OUTPATIENT	119	153	3,298.87	21.56	.049	27.72	1.05
INPATIENT VISITS	206	871	38,348.07	44.03	.278	186.16	12.24
HOSPITAL VISITS	197	810	32,775.00	40.46	.259	166.37	10.46
CRITICAL CARE	16	45	5,174.77	114.99	.014	323.42	1.65
SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES	5	45 16 17	398.30	24.89	.005	79.66	.13
OPHTHALMOLOGICAL SERVICES	15	17	663.21	39.01	.005	44.21	.21
EXAMINATIONS	5 15 15 0 149 116	17	663.21	39.01	.005	44.21	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	149	811	67,521.40	83.26	.259	453.16	21.55
PRINCIPAL SURGEON	116	196	56,461.43	288.07	.063	486.74	18.02
ASSISTANT SURGEON	12	15	2,339.00	155.93	.005	194.92	.75
ANESTHESIOLOGIST	38	600	8,720.97	14.53	.192	229.50	2.78
OUTPATIENT SURGERY	180	473	38,776.52	81.98	.151	215.43	12.38
PRINCIPAL SURGEON	157	203	34,388.39	169.40	.065	219.03	10.98
ASSISTANT SURGEON	5	5	840.63	168.13	.002	168.13	.27
ANESTHESIOLOGIST	30	265	3,547.50	13.39	.085	118.25	1.13
DIALYSIS	15	69	3,618.28	52.44	.022	241.22	1.15
PATHOLOGY	233	570	12,948.36	22.72	.182	55.57	4.13
RADIOLOGY	478	1,149	41,780.58	36.36	.367	87.41	13.34
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	49	2,053	72,989.31	35.55	.655	1489.58	23.30
OTHER SERVICES/ALL X-OVERS	49 510 1,405 1,342	2,055	54,128.05	26.34	.656	106.13	17.28
@PHARMACY	1,405	11,633 \$	553,135.75	\$ 47.55	3.713 \$	393.69	
PRESCRIPTION DRUGS	1,342	5,883	525,438.25	89.31	1.878	391.53	167.71
SNF/ICF	1,342 197 1,159 166 549 361	1,326	75,101.29	56.64	.423	381.22	23.97
OUTPATIENTS	1,159	4,557	450,336.96	98.82	1.455	388.56	143.74
MEDICAL SUPPLIES	166	5,750	27,697.50	4.82	1.835	166.85	8.84
@DENTIST	549	2,869 \$	68,916.42	\$ 24.02	.916 \$	125.53	\$ 22.00
VISITS - DIAGNOSTIC	361	1,761	11,357.65	6.45	.562	31.46	3.63
ORAL SURGERY	78	231	10,794.75	46.73	.074	138.39	3.45
DRUGS	9	17	303.75	17.87	.005	33.75	.10
ANESTHESIA	11	11	900.00	81.82	.004	81.82	.29
PERIODONTICS	34	34	4,356.00	128.12	.011	128.12	1.39
ENDODONTICS	25	30	3,247.00	108.23	.010	129.88	1.04

RESTORATIVE DENTISTRY	183	575	27,126.27	47.18	.184	148.23	8.66
PROSTHETICS	5	4	60.00	15.00	.001	12.00	.02
DENTURES, STAYPLATES	39	119	9,101.00	76.48	.038	233.36	2.90
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	.00	.00	.001	.00	.00
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.38
ORTHODONTIC SERVICES	24	29	270.00	9.31	.009	11.25	.09
ALL OTHER SERVICES	32	55	200.00	3.64	.018	6.25	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN :	2003 THRU DE	C 2003	PAGE 3,010
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC -	TOTAL				
					MON	THLY AVERAG	GE
3,133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	85	240 \$	5,166.61	\$ 21.53	.077 \$	60.78	\$ 1.65
DIAGNOSTIC AND ANC. PROCED	58	58	2,400.50	41.39	.019	41.39	.77

EVE ADDITANCEC	61	174	2,633.65	15.14	056	43.17	.84	
EYE APPLIANCES	4			16.56	.056		.04	
OTHER OPTOMETRIC SERVICES	4	8	132.46		.003	33.12		
@CHIROPRACTOR		5 \$	83.60	\$ 16.72	.002 \$	20.90		
VISITS	4	5	83.60	16.72	.002	20.90	.03	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	27	33 \$	590.64	\$ 17.90	.011 \$	21.88		
MEDICINE/INJECTIONS	11	11	325.50	29.59	.004	29.59	.10	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	16	22	265.14	12.05	.007	16.57	.08	
@HOME HEALTH AGENCY	29	192 \$	13,723.12	\$ 71.47	.061 \$	473.21	\$ 4.38	
NURSE ANESTHESIST	4	21 \$	406.31	\$ 19.35	.007 \$	101.58	\$.13	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00	
FAMILY NURSE PRACTITIONER	2	3 \$	110.30	\$ 36.77	.001 \$	55.15	\$.04	
@TOTAL HOSPITAL	1,310	9,342 \$	1,570,068.31	\$ 168.07	2.982 \$	1198.53	\$ 501.14	
HOSP INPATIENT TOTAL	256	1,722	1,382,178.45	802.66	.550	5399.13	441.17	
HSC HOSPITALS	197	1,293	1,205,717.07	932.50	.413	6120.39	384.84	
NON-HSC HOSPITAL TOTAL	31	142	150,991.35	1063.32	.045	4870.69	48.19	
ACCOMMODATIONS	31	142	51,719.43	364.22	.045	1668.37	16.51	
ADMINISTRATIVE DAYS	6	46	9,332.42	202.88	.015	1555.40	2.98	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	25	96	42,387.01	441.53	.031	1695.48	13.53	
ANCILLARIES	31	0	99,271.92	.00	.000	3202.32	31.69	
INPATIENT CROSSOVERS	30	287	25,470.03	88.75	.092	849.00	8.13	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	1,121	7,620	187,889.86	24.66	2.432	167.61	59.97	
	310	7,820 504	21,118.24	41.90	.161	68.12	6.74	
MEDICAL	87	97						
SURGERY	456		4,693.21	48.38	.031	53.94	1.50	
PATHOLOGY		2,018	18,933.73	9.38	.644	41.52	6.04	
RADIOLOGY	375	702	44,960.00	64.05	. 224	119.89	14.35	
ROOM USE	636	995	34,159.25	34.33	.318	53.71	10.90	
CROSSOVERS/ALL OTH OUTPTNT		3,304	64,025.43	19.38	1.055	94.85	20.44	
@COUNTY HOSPITAL TOTAL	7	16 \$	3,609.00	\$ 225.56	.005 \$			
CO HOSPITAL INPATIENT TOTAL	1	3	3,585.00	1195.00	.001	3585.00	1.14	
HSC HOSPITALS	1	3	3,585.00	1195.00	.001	3585.00	1.14	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	6	13	24.00	1.85	.004	4.00	.01	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	6	13	24.00	1.85	.004	4.00	.01	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES N		EPORT FOR JAN	2003 THRU DEC	2003	PAGE 3,011	L
MOP024	FEE-FOR-SERVICE						01/29/04	
FRESNO COUNTY		/ICES FOR MN - SOC -	TOTAL					
					MONT	HLY AVERA	GE	
3,133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER	
3,233 222222	ODDIE	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,304	9,326 \$	1,566,459.31	\$ 167.97		1201.27		
COMM HOSP INPATIENT TOTAL	255	1,719	1,378,593.45	801.97	.549	5406.25	440.02	
HSC HOSPITALS	196	1,290	1,202,132.07	931.89	.412	6133.33	383.70	
IIDC IIODE LIAID	190	Ι, Δ90	1,202,132.07	731.09	. 117	0100.00	303.70	

NON-HSC HOSPITALS TOTAL	31	142		150,991.35		1063.32	.045		4870.69		48.19
ACCOMMODATIONS	31	142		51,719.43		364.22	.045		1668.37		16.51
ADMINISTRATIVE DAYS	6	46		9,332.42		202.88	.015		1555.40		2.98
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	25	96		42,387.01		441.53	.031		1695.48		13.53
ANCILLARIES	31	0		99,271.92		.00	.000		3202.32		31.69
INPATIENT CROSSOVERS	30	287		25,470.03		88.75	.092		849.00		8.13
	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	1.116	7,607		187,865.86		24.70	2.428		168.34		59.96
MEDICAL	310	504		21,118.24		41.90	.161		68.12		6.74
SURGERY	87	97		4,693.21		48.38	.031		53.94		1.50
PATHOLOGY	456	2,018		18,933.73		9.38	.644		41.52		6.04
RADIOLOGY	375	702		44,960.00		64.05	.224		119.89		14.35
ROOM USE	636	995		34,159.25		34.33	.318		53.71		10.90
		3,291		64,001.43		19.45	1.050		95.52		20.43
@STATE HOSPITAL	0,70	0	\$.00.	\$.00	.000	\$.00	¢	.00
MENTALLY ILL	0	0	Y	.00	Ų	.00	.000	Ÿ	.00	Y	.00
DEVELOP. DISABLED	670 0 0 194 0 0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	194	5,541	Ś	626,071.78	\$	112.99	1.769	Ś	3227.17	Ġ	199.83
LEV A-INTERMEDIATE	194	0,541	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	7	156		71,055.34		455.48	.050		10150.76		22.68
	0	126		•			.000		.00		.00
LEV B-TRANSITIONAL IP CARE	· ·			.00		.00					
LEV B-REGULAR	188	5,385	4	555,016.44		103.07	1.719		2952.22		177.15
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	40	722	\$	33,206.79	\$	45.99	.230	\$	830.17	Ş	10.60
HOSPITAL BASED	4	52		8,433.87		162.19	.017		2108.47		2.69
HEMODIALYSIS CENTER	37	670		24,772.92		36.97	.214		669.54		7.91
@REHABILITATION FACILITY	17	129	\$	2,167.69	\$	16.80	.041	\$	127.51	\$.69
HOSPITAL BASED	17	129		2,167.69		16.80	.041		127.51		.69
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	144	815	\$	10,312.97	\$	12.65	.260	\$	71.62	\$	3.29
PATHOLOGY	144	815		10,312.97		12.65	.260		71.62		3.29
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	302	590	\$	64,567.34	\$	109.44		\$	213.80	\$	20.61
CLINIC	17	56		1,317.15		23.52	.018		77.48		.42
SURGICENTER	18	86		13,557.33		157.64	.027		753.19		4.33
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	267	448		49,692.86		110.92	.143		186.12		15.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES 1	MONTH-OF-PAYMENT R	EPOR	r for Jan	2003 THRU	DEC	2003	Ρź	AGE 3,012
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MN - S	SOC -	TOTAL							
							M	ONT	HLY AVERA	GE ·	
3,133 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	RE		PEI	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE

					1.1011	TITLL WARKE	تدر
3,133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	454	13,907 \$	90,418.20	\$ 6.50	4.439 \$	199.16	\$ 28.86
DURABLE MED. EQUIP.	20	49	8,361.96	170.65	.016	418.10	2.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	6	3,877.13	646.19	.002	775.43	1.24
MEDICAL TRANSPORTATION	235	4,777	37,432.48	7.84	1.525	159.29	11.95
AMBULANCES/AIR TRANS	188	2,095	26,576.66	12.69	.669	141.37	8.48
OTHER TRANS	46	2,570	6,983.47	2.72	.820	151.81	2.23
OTHER SERVICES	9	112	3,872.35	34.57	.036	430.26	1.24
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	12	105	7,213.82	68.70	.034	601.15	2.30
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.03

IHMC, MODEL-NF, NF, AIDS, MSSP	5	21		4,37	75.05	208.34		.007	875.01	1.40	
OCCUPATIONAL THERAPIST	0	0			.00	.00		.000	.00	.00	
OPTICIAN	89	209		2,50	06.03	11.99		.067	28.16	.80	
PHYSICAL THERAPIST	0	0			.00	.00		.000	.00	.00	
PORTABLE X-RAY	2	4		3	39.90	9.98		.001	19.95	.01	
PROSTHETIST/ORTHOTISTS	7	28		5,84	13.45	208.69		.009	834.78	1.87	
PROSTHETICS	6	25		5,71	L9.82	228.79		.008	953.30	1.83	
ORTHOTICS	1	3		12	23.63	41.21		.001	123.63	.04	
PSYCHOLOGIST	0	0			.00	.00		.000	.00	.00	
SPEECH AND AUDIOLOGY	1	1		2	23.32	23.32		.000	23.32	.01	
HOSPICE SERVICES	5	115		13,33	38.29	115.99		.037	2667.66	4.26	
NONINST BIRTHING CENTERS	0	0			.00	.00		.000	.00	.00	
LOCAL EDUCATION AGENCIES	37	91		90	2.80	9.92		.029	24.40	.29	
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00		.000	.00	.00	
RESPIRATORY CARE PRACT.	1	1			29.48	29.48		.000	29.48	.01	
PED SUBACUTE REHAB/WEANING	0	0			.00	.00		.000	.00	.00	
ALL OTHER PROVIDERS	43	8,500		6,39	8.97	.75	2	2.713	148.81	2.04	
@CALIF. CHILDREN SERVICES*	28	167	\$	77,27	70.39	\$ 462.70		.053	\$ 2759.66	\$ 24.66	
@XOVER EXCLUDING STATE HOSP**	436	3,740	\$	166,12	21.23	\$ 44.42	1	L.194	\$ 381.01	\$ 53.02	
@* TOTALS IN THESE LINES ARE CIVEN	AC A CEDADATE	TMEODMATION	TTEM	ONI.V:							

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,013 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

						MO	DNT	HLY AVERA	GE	
18,596 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	18,553	987,308	\$ 55,017,880.72	\$	55.73	53.092	\$	2965.44	\$	2958.59
@PHYSICIANS SERVICES	2,079	4,876	\$ 87,436.77	\$	17.93	.262	\$	42.06	\$	4.70
OUTPATIENT VISITS	31	42	1,924.98		45.83	.002		62.10		.10
OFFICE VISITS	6	6	251.60		41.93	.000		41.93		.01
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	15	20	1,311.46		65.57	.001		87.43		.07
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	10	16	361.92		22.62	.001		36.19		.02
INPATIENT VISITS	129	321	11,484.76		35.78	.017		89.03		.62
HOSPITAL VISITS	16	152	6,006.20		39.51	.008		375.39		.32
CRITICAL CARE	2	4	486.40		121.60	.000		243.20		.03
SNF/ICF/TRANS IP CARE	117	165	4,992.16		30.26	.009		42.67		.27
OPHTHALMOLOGICAL SERVICES	10	10	202.46		20.25	.001		20.25		.01
EXAMINATIONS	10	10	202.46		20.25	.001		20.25		.01
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6	20	3,807.70		190.39	.001		634.62		.20
PRINCIPAL SURGEON	6	12	3,619.69		301.64	.001		603.28		.19
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	8	188.01		23.50	.000		188.01		.01
OUTPATIENT SURGERY	7	16	1,311.52		81.97	.001		187.36		.07
PRINCIPAL SURGEON	7	7	1,109.50		158.50	.000		158.50		.06
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	9	202.02		22.45	.000		202.02		.01
DIALYSIS	6	45	3,071.98		68.27	.002		512.00		.17
PATHOLOGY	4	9	199.84		22.20	.000		49.96		.01
RADIOLOGY	40	136	4,159.28		30.58	.007		103.98		.22
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1,924	4,277	61,274.25		14.33	.230		31.85		3.30
@PHARMACY	15,372		\$ 4,712,775.49	\$		19.273	\$	306.58	\$	253.43
PRESCRIPTION DRUGS	15,273	86,023	4,586,026.25		53.31	4.626		300.27		246.61

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	14,352	80,215		4,366,946.78		54.44	4.314		304.27		234.83
OUTPATIENTS	1,522	5,808		219,079.47		37.72	.312		143.94		11.78
MEDICAL SUPPLIES	1,150	272,381		126,749.24		.47	14.647		110.22		6.82
@DENTIST	859	2,313	\$	107,377.54	\$	46.42	.124	\$	125.00	\$	5.77
VISITS - DIAGNOSTIC	777	1,613		30,943.75		19.18	.087		39.82		1.66
ORAL SURGERY	80	328		19,520.79		59.51	.018		244.01		1.05
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	16	16		2,064.00		129.00	.001		129.00		.11
ENDODONTICS	1	1		215.00		215.00	.000		215.00		.01
RESTORATIVE DENTISTRY	45	100		7,796.00		77.96	.005		173.24		.42
PROSTHETICS	5	5		120.00		24.00	.000		24.00		.01
DENTURES, STAYPLATES	119	243		46,718.00		192.26	.013		392.59		2.51
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	8	7		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			סתקווי	MONTH-OF-PAYMENT H	דס∩סק			חדכ		D	AGE 3,014
MOP024	FEE-FOR-SERVICE		. ORLID	MONIII OF PAIMENT I	CEF OICE	FOR UAN 2	2003 11110	DEC	2003	Ε.	01/29/04
FRESNO COUNTY			T.ONG	TERM CARE - AGED		AID CODE	13				01/25/04
PRESING COUNTY	BOMMAN OF BEN	VICES FOR MIN	поио	TERM CARE AGED		AID CODE	M	ONTT'	HIV AMEDA	CF	
18,596 ELIGIBLES	USERS	UNITS OF SERVI	CF	EXPENDITURES	777	RAGE COST			COST PER		COST PER
10,500 EDIGIDES	OBERB	OR DAYS OF CA		EXF ENDITORES		UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	217	566	\$	8,981.59	\$	15.87	.030		41.39	\$.48
DIAGNOSTIC AND ANC. PROCED	12	12	Ą	411.64	Ą	34.30	.001	Ą	34.30	Ą	.02
EYE APPLIANCES	161	454		7,925.76		17.46	.024		49.23		.43
OTHER OPTOMETRIC SERVICES	56	100		644.19		6.44	.005		11.50		.03
@CHIROPRACTOR	2	3	\$	50.16	Ś	16.72	.000	Ġ	25.08	Ś	.00
VISITS	2	3	Ą	50.16	Ą	16.72	.000	Ą	25.08	Ą	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1,632	2,298	Ś	10,964.91	\$	4.77	.124	Ġ		Ś	.59
	1,632	2,290	Ą	72.00	Ą	24.00	.000	Ą	24.00	Ą	.00
MEDICINE/INJECTIONS	0	0		.00		.00			.00		.00
SURGERY/ANES.	0	0				.00	.000		.00		.00
RADIO./PATHOLOGY	1,629	2,295		.00		4.75	.000		6.69		.59
OTHER			4	10,892.91	à		.123	4		4	
@HOME HEALTH AGENCY	6 0	53	\$	3,878.42	\$	73.18	.003	\$	646.40	\$.21
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	•	•	Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	Ş	56.59	\$	28.30	.000	\$	56.59	\$.00
@TOTAL HOSPITAL	851	3,744	Ş	340,904.55	\$	91.05	.201	\$	400.59	\$	18.33
HOSP INPATIENT TOTAL	198	1,283		290,145.02		226.15	.069		1465.38		15.60
HSC HOSPITALS	8	122		123,418.23		1011.62	.007		15427.28		6.64
NON-HSC HOSPITAL TOTAL	4	31		15,044.47		485.31	.002		3761.12		.81
ACCOMMODATIONS	4	31		7,429.50		239.66	.002		1857.38		.40
ADMINISTRATIVE DAYS	3 0	22		5,088.60		231.30	.001		1696.20		. 27
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	9		2,340.90		260.10	.000		2340.90		.13
ANCILLARIES	4	0		7,614.97		.00	.000		1903.74		.41
INPATIENT CROSSOVERS	188	1,130		151,682.32		134.23	.061		806.82		8.16
ALL OBUIDS TAIDABLEADE	^	^		0.0		0.0	000		0.0		0.0

.00

50,759.53

1,002.67

4,143.47

2,578.45

11.47

\$

41,889.46

803.30

342.18

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.132

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20.63

33.47

48.88

10.78

70.23

48.65

18.83

1.91

.00

.04

.02

.05

.22

.14 2.25

.00

2.73

.00

67.14

53.55

48.88

40.11

295.96

73.67

57.94

3.82 \$

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

CROSSOVERS/ALL OTH OUTPTNT

MEDICAL

SURGERY

PATHOLOGY RADIOLOGY

ROOM USE

0

2,461

24

7

93

59

53

6

2,225

756

15

7

25

14

35

3

723

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	6	11.47	1.91	.000	3.82	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 3 6 11.47 1.91 .000 3.82 .00

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,015 FEE-FOR-SERVICE/DENTAL

TONG TERM CARE - AGED AID CODE 13 MOP024

FRESNO COUNTY	SIIMMARY OF SERV	ICES FOR MN - LON	JC	TERM CARE - AGED		AID CODE	13			01/2//01
INDONO COOMII	BON HILL OF BLICV	TODO TOR THE HOR	••	THE THE		MID CODE	MOI	TTUIV AWEDZ	CF	
10 FOC ELECTRIES	HOEDG	INITES OF SERVICE		EADEMDIMIDEO	7. 7. 7.					COST PER
18,596 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	848	3,738	\$	340,893.08 290,145.02	\$.201		\$	18.33
COMM HOSP INPATIENT TOTAL	198	1,283		290,145.02		226.15	.069	1465.38		15.60
HSC HOSPITALS	8	122		123,418.23		1011.62	.007	15427.28		6.64
NON-HSC HOSPITALS TOTAL	4	31		15,044.47		485.31	.002	3761.12		.81
ACCOMMODATIONS	4	31		7,429.50		239.66	.002	1857.38		.40
ADMINITATE ATVE	2	22		5,088.60		231.30	.001	1696.20		.27
TDANCITIONAL ID CADE	0	0		.00		.00	.000	.00		.00
TRANSTITONAL IF CARE	0	0		2 240 00						.13
ALL OTHER ACCOM	1	9		2,340.90		260.10	.000	2340.90		
ANCILLARIES	4	0		7,614.97		.00	.000	1903.74		. 41
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	188	1,130		151,682.32		134.23	.061	806.82		8.16
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	753	2,455		.00 50,748.06		20.67	.132	67.39		2.73
MEDICAL	15	24		803.30		33.47	.001	53.55		.04
SURGERY	7	7		342.18		48.88	.000	48.88		.02
PATHOLOGY	25	93		1,002.67		10.78	.005	40.11		.05
RADIOLOGY	14	59		4,143.47		70 23	.003	295.96		. 22
ROOM USE	14 35	93 59 53 2,219		2,578.45		48.88 10.78 70.23 48.65	.003	73.67		.14
CDOCCOVERD C / A L I OFFI OFFI OFFI	720	2 210						58.16		2.25
CROSSOVERS/ALL OTH OUTPTNT	720	2,219		41,877.99		18.87	.119			
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	9	248	\$	113,878.89	\$			\$ 12653.21	Ş	6.12
MENTALLY ILL	9	248		113,878.89		459.19	.013	12653.21		6.12
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	15,970		\$	48,630,053.53	\$	98.01		\$ 3045.09	\$	2615.08
LEV A-INTERMEDIATE	2	23		1,915.58		83.29	.001	957.79		.10
LEV B-REHAB MD	6	153		15,180.75		99.22	.008	2530.13		.82
LEV B-SUBACUTE FREESTANDING	36	1,195		372,973.62		312.11	.064	10360.38		20.06
				204,707.24		83.29 99.22 312.11 416.07	.026	14621.95		11.01
LEV B-SUBACUIE HSPIL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD	14 0	0		.00		.00	.000	.00		.00
TEV DIRECTION AD	15 912	494,290		48,035,276.34		97.18	26.580	3018.81		2583.10
SINGEDWEDINGE CADE EACH DD	13,912	989	\$		ė.	138.01		\$ 3499.67	4	
WINIERMEDIALE CARE FACILDD	39	969	Ą	136,487.27	Ą				Ą	
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	24	612		74,285.35		121.38	.033	3095.22		3.99
TCF, DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	15	377		62,201.92		164.99	.020	4146.79		3.34
@HEMODIALYSIS TOTAL	102	636	\$	59,794.33	\$	94.02	.034		\$	3.22
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	102	636		59,794.33		94.02	.034	586.22		3.22
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00	•	.00	.000	.00		.00
TNDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@IABORATORY FACILITY	37	131	\$	1,520.66	Ċ	11.61	.007		¢	.08
BATTOLOGY	3 / 2 E	126	Ą	1,489.34	Ą	11.82	.007	42.55	Ą	.08
PAIROLOGI	33	120								
AU AND UIHERS	422	5		31.32		6.26	.000	15.66		.00
@ONGANIZED OUTFAILENT CHINIC	100	112	\$	19,633.97	\$	25.43	.042		Ş	1.06
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	4	17		566.89		33.35	.001	141.72		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	4 0 429	755		19,067.08		25.25	.041	44.45		1.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN :	2003 THRU DI	EC 2003	P	AGE 3,016
MOP024	FEE-FOR-SERVICE		_		0	/			-	01/29/04
FRESNO COUNTY			JC	TERM CARE - AGED		AID CODE	13			01, 10, 01
INDINO COUNTY	DOMINANT OF BERV	TODD FOR I'M - DON	v	ILICH CARE - AGED		WID CODE	MOI	מיינודע אזויים	CF	
18,596 ELIGIBLES	HCFDC	UNITS OF SERVICE		EXPENDITURES	77.7.7		UNITS/DAYS			COST PER
TO , DEC TOTALES	USERS			FVLFNDTIOKF2						
AND OWNED DROVEDED	2 1 6 4	OR DAYS OF CARE	۲,	704 006 05		R UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	3,164	116,120	\$	784,086.05	\$	6.75	6.244	\$ 247.81	Ş	42.16

DURABLE MED. EQUIP.	338	2,419		281,462.45	116.	35 .130	832.73	15.14
BLOOD BANK	0	0		.00		.000	.00	.00
HEARING AID DISPENSERS	51	60		29,598.39	493.	31 .003	580.36	1.59
MEDICAL TRANSPORTATION	2,105	61,984		292,634.35	4.	72 3.333	139.02	15.74
AMBULANCES/AIR TRANS	636	6,498		95,848.95	14.	75 .349	150.71	5.15
OTHER TRANS	1,329	52,160		180,064.26	3.	45 2.805	135.49	9.68
OTHER SERVICES	382	3,326		16,721.14	5.	03 .179	43.77	.90
ACUPUNCTURE	0	0		.00		.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	3		218.12	72.	71 .000	218.12	.01
GENETIC DISEASE TESTING	0	0		.00		.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.000	.00	.00
OPTICIAN	194	418		5,347.77	12.	79 .022	27.57	.29
PHYSICAL THERAPIST	0	0		.00		.000	.00	.00
PORTABLE X-RAY	219	735		4,651.57	6.	33 .040	21.24	.25
PROSTHETIST/ORTHOTISTS	27	45		1,230.04	27.	33 .002	45.56	.07
PROSTHETICS	21	38		987.27	25.	98 .002	47.01	.05
ORTHOTICS	6	7		242.77	34.	68 .000	40.46	.01
PSYCHOLOGIST	9	12		182.69	15.	.001	20.30	.01
SPEECH AND AUDIOLOGY	160	420		17,515.78	41.	70 .023	109.47	.94
HOSPICE SERVICES	87	1,321		130,287.88	98.	63 .071	1497.56	7.01
NONINST BIRTHING CENTERS	0	0		.00		.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		00 .000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.000	.00	.00
ALL OTHER PROVIDERS	231	48,703		20,957.01		43 2.619	90.72	1.13
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.	00 .000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6,250	321,914	\$	1,457,180.29	\$ 4.	53 17.311	\$ 233.15	\$ 78.36
et momaic in mirce iinec and civ	DN 70 7 0007070	IN TATEODAM DECAM	TITING C	NTT 37 •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

THESE DATA ARE INCHODED	IN THE APPROPRIATE DETAIL DINES ABOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,017
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23	

					MONTHLY AVERAGE					
125 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	138	10,365 \$	550,180.34	\$ 53.08	82.920	3986.81	\$ 4401.44			
@PHYSICIANS SERVICES	25	39 \$	788.65	\$ 20.22	.312 \$	31.55	\$ 6.31			
OUTPATIENT VISITS	1	1	24.00	24.00	.008	24.00	.19			
OFFICE VISITS	1	1	24.00	24.00	.008	24.00	.19			
HOME VISITS	0	0	.00	.00	.000	.00	.00			
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00			
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00			
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00			
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00			
INPATIENT VISITS	12	15	412.50	27.50	.120	34.38	3.30			
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00			
CRITICAL CARE	0	0	.00	.00	.000	.00	.00			
SNF/ICF/TRANS IP CARE	12	15	412.50	27.50	.120	34.38	3.30			
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00			
EXAMINATIONS	0	0	.00	.00	.000	.00	.00			
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00			
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00			
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00			
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00			
OUTPATIENT SURGERY	1	1	56.34	56.34	.008	56.34	.45			
PRINCIPAL SURGEON	1	1	56.34	56.34	.008	56.34	.45			

ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	12	22			295.81		13.45	.176		24.65		2.37
@PHARMACY	122	5,843	\$	47	7,800.80	\$	8.18	46.744	\$	391.81	\$	382.41
PRESCRIPTION DRUGS	121	563		44	4,208.94		78.52	4.504		365.36		353.67
SNF/ICF	117	548		43	3,795.36		79.92	4.384		374.32		350.36
OUTPATIENTS	5	15			413.58		27.57	.120		82.72		3.31
MEDICAL SUPPLIES	29	5,280		3	3,591.86		.68	42.240		123.86		28.73
@DENTIST	5	18	\$		514.00	\$	28.56	.144	\$	102.80	\$	4.11
VISITS - DIAGNOSTIC	5	10			234.00		23.40	.080		46.80		1.87
ORAL SURGERY	1	6			.00		.00	.048		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2			280.00		140.00	.016		280.00		2.24
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES 1	MONTH-OF-I	PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 3,018
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	MN -	LONG 7	TERM CARE	- BLIND		AID CODE	23				

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 125 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 \$ DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 .00 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST 13 20 87.90 4.40 .160 \$ 6.76 \$.70 .000 MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00 0 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 .00 OTHER 13 20 87.90 4.40 .160 6.76 .70 .00 @HOME HEALTH AGENCY .00 .000 .00 NURSE ANESTHESIST 0 .00 \$.00 .000 .00 \$.00 0 .00 .00 .00 .00 NURSE MIDWIFE .000 .00 0 .00 .000 PEDIATRIC NURSE PRACTITIONER .00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 @TOTAL HOSPITAL 12 470.25 39.19 .096 67.18 3.76 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 .00 .000 ALL OTHER ACCOM .00 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	12		470.25	39.19	.096	67.18	3.76
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		41.78	41.78	.008	41.78	.33
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	2		68.13	34.07	.016	34.07	.55
CROSSOVERS/ALL OTH OUTPINT	5	9		360.34	40.04	.072	72.07	2.88
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-OF-	PAYMENT RE	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 3,019
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	MN - LON	G TERM CARE	- BLIND	AID COD			
						MON'	THLY AVERAG	GE

				MON	THLY AVERAG	5匹
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
7	12 \$	470.25	\$ 39.19	.096 \$	67.18	\$ 3.76
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
7	12	470.25	39.19	.096	67.18	3.76
0	0	.00	.00	.000	.00	.00
1	1	41.78	41.78	.008	41.78	.33
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
2	2	68.13	34.07	.016	34.07	.55
5	9	360.34	40.04	.072	72.07	2.88
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
117	3,671 \$	423,127.59	\$ 115.26	29.368 \$	3616.48	\$ 3385.02
0	0	.00	.00	.000	.00	.00
0	0	.00	.00		.00	.00
0	0	.00	.00		.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 7 0 0 0 0 0 0 0 0 0 0 7 0 1 0 0 2 5 0 0 117 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 7	OR DAYS OF CARE 7	OR DAYS OF CARE PER UNIT/DAY 7 12 \$ 470.25 \$ 39.19 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 1 1 41.78 41.78 0 0 .00 .00 0 0 .00 .00 1 1 41.78 41.78 0 0 .00 .00 0 0 .00 .00 0 0 .00<	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE 7 12 \$ 470.25 \$ 39.19 .096 \$ 67.18 0 0 0 .00 .00 .000 .000 0 0 0 .00 .00 .

LEV B-REGULAR	117	3,671	423,127.59	115.26	29.368	3616.48	3385.02
@INTERMEDIATE CARE FACILDD	16	489	\$ 70,587.59	\$ 144.35	3.912	\$ 4411.72	\$ 564.70
ICF DDH	12	381	51,678.27	135.64	3.048	4306.52	413.43
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	4	108	18,909.32	175.09	.864	4727.33	151.27
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	5	\$ 48.94	\$ 9.79	.040	\$ 24.47	\$.39
PATHOLOGY	2	5	48.94	9.79	.040	24.47	.39
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MOI	NTH-OF-PAYMENT REPORT	FOR JAN 200	3 THRU DEC	2003	PAGE 3,020
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES F	OR MN - LONG TE	RM CARE - BLIND	AID CODE 23			

INDINO COUNTI	DOMINIME OF DERLATOR	D I OIC TIN HOIVO II	IUI CIIU DIIIID	TITD CODE	23		
					MON	THLY AVERAG	GE
125 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	31	268 \$	6,754.62	\$ 25.20	2.144	217.89	\$ 54.04
DURABLE MED. EQUIP.	4	12	3,961.12	330.09	.096	990.28	31.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	172	1,144.05	6.65	1.376	81.72	9.15
AMBULANCES/AIR TRANS	3	15	381.45	25.43	.120	127.15	3.05
OTHER TRANS	10	134	601.98	4.49	1.072	60.20	4.82
OTHER SERVICES	3	23	160.62	6.98	.184	53.54	1.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	6	1.87	.31	.048	1.87	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	30	1,225.85	40.86	.240	122.59	9.81
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	46	219.19	4.77	.368	219.19	1.75
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	202.54	101.27	.016	101.27	1.62
@CALIF. CHILDREN SERVICES*	1	1 \$	35.02	\$ 35.02	.008	35.02	\$.28
@XOVER EXCLUDING STATE HOSP**	45	2,645 \$	1,849.52	\$.70	21.160	41.10	\$ 14.80
@* TOTALS IN THESE LINES ARE	CIVEN AS A SEDABATE	TNEODMATION ITEM C	NT.V:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,021 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

11120110 0001111	DOIMERT OF DELL					0.0		
						MON	THLY AVERA	GE
4,357 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,613	393,973	\$	20,990,158.50	\$ 53.28	90.423	4550.22	\$ 4817.57
@PHYSICIANS SERVICES	1,142	3,694	\$	107,020.75	\$ 28.97	.848 \$	93.71	\$ 24.56
OUTPATIENT VISITS	156	192		9,427.40	49.10	.044	60.43	2.16
OFFICE VISITS	70	91		3,057.10	33.59	.021	43.67	.70
HOME VISITS	3	3		202.80	67.60	.001	67.60	.05
EMERGENCY ROOM	66	75		5,615.03	74.87	.017	85.08	1.29
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		48.38	48.38	.000	48.38	.01
OTHER OUTPATIENT	22	22		504.09	22.91	.005	22.91	.12
INPATIENT VISITS	412	1,611		56,445.92	35.04	.370	137.00	12.96
HOSPITAL VISITS	82	344		13,047.32	37.93	.079	159.11	2.99
CRITICAL CARE	5	13		1,457.30	112.10	.003	291.46	.33

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	352	1,254		41,941.30		33.45	.288		119.15		9.63
OPHTHALMOLOGICAL SERVICES	11	11		467.88		42.53	.003		42.53		.11
EXAMINATIONS	11	11		467.88		42.53	.003		42.53		.11
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	38	96		10,332.65		107.63	.022		271.91		2.37
PRINCIPAL SURGEON	35	50		9,236.69		184.73	.011		263.91		2.12
ASSISTANT SURGEON	1	1		10.03		10.03	.000		10.03		.00
ANESTHESIOLOGIST	7	45		1,085.93		24.13	.010		155.13		.25
OUTPATIENT SURGERY	25	37		3,932.60		106.29	.008		157.30		.90
PRINCIPAL SURGEON	23	28		3,642.04		130.07	.006		158.35		.84
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	9		290.56		32.28	.002		145.28		.07
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	25	25		518.63		20.75	.006		20.75		.12
RADIOLOGY	119	368		8,832.61		24.00	.084		74.22		2.03
PSYCHIATRY	4	4		92.88		23.22	.001		23.22		.02
IMMUNIZATION AND INJECTION	5	15		176.72		11.78	.003		35.34		.04
OTHER SERVICES/ALL X-OVERS	600	1,335		16,793.46		12.58	.306		27.99		3.85
@PHARMACY	3,857	132,158	\$	1,853,639.07	\$	14.03	30.332	\$	480.59	\$	425.44
PRESCRIPTION DRUGS	3,806	24,355		1,756,453.41		72.12	5.590	•	461.50		403.13
SNF/ICF	3,806 3,073	18,424		1,336,986.73		72.57	4.229		435.08		306.86
OUTPATIENTS	852	5,931		419,466.68		70.72	1.361		492.33		96.27
MEDICAL SUPPLIES	770	107,803		97,185.66		.90	24.742		126.22		22.31
@DENTIST	308	849	\$	26,403.16	\$	31.10	.195	\$	85.72	\$	6.06
VISITS - DIAGNOSTIC	286	628	•	9,200.00	•	14.65	.144	·	32.17		2.11
ORAL SURGERY	22	86		4,198.91		48.82	.020		190.86		.96
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	14	18		1,966.00		109.22	.004		140.43		.45
ENDODONTICS	2	6		1,510.00		251.67	.001		755.00		.35
RESTORATIVE DENTISTRY	14	38		3,475.00		91.45	.009		248.21		.80
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	15	68		5,703.00		83.87	.016		380.20		1.31
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	3	3		350.25		116.75	.001		116.75		.08
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	2		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 3,022
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MN - LO	ONG	TERM CARE - DISABLE	D	AID CODE	63				
							M	ONT	HLY AVERA	GE ·	
4,357 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER	(COST PER
,		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	58	141	\$	3,077.88	\$	21.83	.032	\$	53.07	\$.71
DIAGNOSTIC AND ANC. PROCED	27	27	•	1,194.40	•	44.24	.006	·	44.24		.27
EYE APPLIANCES	32	96		1,590.88		16.57	.022		49.72		.37
OTHER OPTOMETRIC SERVICES	12	18		292.60		16.26	.004		24.38		.07
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00		.00	.000	•	.00	-	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	335	398	\$	3,135.94	\$	7.88	.091	\$	9.36	\$.72
MEDICINE/INJECTIONS	9	9		269.24	•	29.92	.002	•	29.92	•	.06
SURGERY/ANES.	1	1		9.00		9.00	.000		9.00		.00
PADIO / PATHOLOGY	_ 0	_		0.0		0.0	000		0.0		0.0

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OTHER

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

DAMILY MIDGE DDAGETETOMED	0	0	4		0.0	4	0.0	000	4	0.0	4	0.0
FAMILY NURSE PRACTITIONER	0	0	\$	0	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	412	2,302	\$		00,033.77	\$	390.98	.528	\$	2184.55	\$	206.57
HOSP INPATIENT TOTAL	108	1,175			72,253.59		742.34	.270		8076.42		200.20
HSC HOSPITALS	52	677			96,415.01		1028.68	.155		13392.60		159.84
NON-HSC HOSPITAL TOTAL	15	198			44,000.72		727.28	.045		9600.05		33.05
ACCOMMODATIONS	15	198			58,186.57		293.87	.045		3879.10		13.35
ADMINISTRATIVE DAYS	7	155			35,851.50		231.30	.036		5121.64		8.23
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	43			22,335.07		519.42	.010		2791.88		5.13
ANCILLARIES	15	0			85,814.15		.00	.000		5720.94		19.70
INPATIENT CROSSOVERS	43	300			31,837.86		106.13	.069		740.42		7.31
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	333	1,127			27,780.18		24.65	.259		83.42		6.38
MEDICAL	26	37			1,182.91		31.97	.008		45.50		.27
SURGERY	8	9			504.12		56.01	.002		63.02		.12
PATHOLOGY	64	238			2,674.88		11.24	.055		41.80		.61
RADIOLOGY	41	65			7,682.79		118.20	.015		187.39		1.76
ROOM USE	77	91			3,853.51		42.35	.021		50.05		.88
CROSSOVERS/ALL OTH OUTPTNT	238	687			11,881.97		17.30	.158		49.92		2.73
@COUNTY HOSPITAL TOTAL	6	16	\$		3,142.27	\$	196.39	.004	\$	523.71	\$.72
CO HOSPITAL INPATIENT TOTAL	1	2			2,700.00		1350.00	.000		2700.00		.62
HSC HOSPITALS	1	2			2,700.00		1350.00	.000		2700.00		.62
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	14			442.27		31.59	.003		88.45		.10
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	2	5			43.64		8.73	.001		21.82		.01
RADIOLOGY	1	1			38.44		38.44	.000		38.44		.01
ROOM USE	3	4			155.68		38.92	.001		51.89		.04
CROSSOVERS/ALL OTH OUTPTNT	2	4			204.51		51.13	.001		102.26		.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITII	RES	MONTH-OF		REPOR			DEC		PA	
MOP024	FEE-FOR-SERVICE/DENTAL			01					0			01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	MN - I	ONG	TERM CAR	E - DISABI	ED	AID CODE	63				,,

11120110 0001111	001111111111111111111111111111111111111				 				-			
								_	MO	NTHLY AVERA	AGE	
4,357 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPEND	ITURES	AVERAGE CO	ST U	NITS/DAYS	COST PER		COST PER
		OR DAYS	OF CAR	E			PER UNIT/D	AY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	408	2	2,286	\$	896,	891.50	\$ 392.34		.525	\$ 2198.26	\$	205.85
COMM HOSP INPATIENT TOTAL	107	1	L,173		869,	553.59	741.31		.269	8126.67		199.58
HSC HOSPITALS	51		675		693,	715.01	1027.73		.155	13602.26		159.22
NON-HSC HOSPITALS TOTAL	15		198		144,	000.72	727.28		.045	9600.05		33.05
ACCOMMODATIONS	15		198		58,	186.57	293.87		.045	3879.10		13.35
ADMINISTRATIVE DAYS	7		155		35,	851.50	231.30		.036	5121.64		8.23
TRANSITIONAL IP CARE	0		0			.00	.00		.000	.00		.00
ALL OTHER ACCOM	8		43		22,	335.07	519.42		.010	2791.88		5.13
ANCILLARIES	15		0		85,	814.15	.00		.000	5720.94		19.70
INPATIENT CROSSOVERS	43		300		31,	837.86	106.13		.069	740.42		7.31
ALL OTHER INPATIENT	0		0			.00	.00		.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	330	1	L,113		27,	337.91	24.56		.255	82.84		6.27
MEDICAL	26		37		1,	182.91	31.97		.008	45.50		.27
SURGERY	8		9			504.12	56.01		.002	63.02		.12
PATHOLOGY	62		233		2,	631.24	11.29		.053	42.44		.60
RADIOLOGY	40		64		7,	644.35	119.44		.015	191.11		1.75
ROOM USE	74		87		3,	697.83	42.50		.020	49.97		.85

CROSSOVERS/ALL OTH OUTPINT	236	683		11,677.46		17.10	.157		49.48		2.68
@STATE HOSPITAL	4	269	\$	152,952.96	\$	568.60	.062	\$	38238.24	\$	35.11
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	4	269		152,952.96		568.60	.062		38238.24		35.11
@NURSING FACILITY	4 0 4 2,172	68,424	\$	10,269,058.17	\$	150.08	15.704	\$	4727.93	\$	2356.91
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	12	365		41,870.03		114.71	.084		3489.17		9.61
LEV B-SUBACUTE FREESTANDING	120	3,965		1,381,833.87		348.51	.910		11515.28		317.15
LEV B-SUBACUTE HSPTL BASED		6,156		2,832,444.07		460.11	1.413		15648.86		650.09
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 1,864	57,938		6,012,910.20		103.78	13.298		3225.81		1380.06
@INTERMEDIATE CARE FACILDD	1 687	51,847	\$	7,206,467.89	\$	138.99	11.900	\$	4271.77	\$	1654.00
ICF DDH	1,256	39,079		5,083,388.63		130.08	8.969		4047.28		1166.72
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER	431	12,768		2,123,079.26		166.28	2.930		4925.94		487.28
@HEMODIALYSIS TOTAL	21	35	\$	20,407.54	\$	583.07	.008	\$	971.79	\$	4.68
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	21	35		20,407.54		583.07	.008		971.79		4.68
@REHABILITATION FACILITY	4	53	\$	1,289.13	\$	24.32	.012	\$	322.28	\$.30
HOSPITAL BASED	3	49		1,219.81		24.89	.011		406.60		.28
INDEPENDENT FACILITY	1	4		69.32		17.33	.001		69.32		.02
@LABORATORY FACILITY	253	1,197	\$	12,138.95	\$.275	\$	47.98	\$	2.79
PATHOLOGY	251	1,195		12,110.34		10.13	.274		48.25		2.78
XO AND OTHERS	2	2		28.61		14.31	.000		14.31		.01
@ORGANIZED OUTPATIENT CLINIC	179	553	\$	55,601.01	\$	100.54	.127	\$	310.62	\$	12.76
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	7	27		1,096.56		40.61	.006		156.65		. 25
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	173	526		54,504.45		103.62	.121		315.05		12.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	EPOR:	r for Jan	2003 THRU	DEC	2003	Ρ	AGE 3,024
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR MN - L	ONG 7	TERM CARE - DISABLE	ΞD	AID CODE	63				
							M	ONT	HLY AVERA	GE	

USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
1,277	132,022 \$	376,887.48	\$ 2.85	30.301 \$	295.14	\$ 86.50
126	1,029	139,597.07	135.66	.236	1107.91	32.04
0	0	.00	.00	.000	.00	.00
3	3	1,916.20	638.73	.001	638.73	.44
444	18,026	76,595.24	4.25	4.137	172.51	17.58
176	3,016	31,192.14	10.34	.692	177.23	7.16
251	14,417	42,547.93	2.95	3.309	169.51	9.77
52	593	2,855.17	4.81	.136	54.91	.66
0	0	.00	.00	.000	.00	.00
4	43	2,969.09	69.05	.010	742.27	.68
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
48	102	1,178.78	11.56	.023	24.56	.27
0	0	.00	.00	.000	.00	.00
	117	1,919.72	16.41	.027	50.52	.44
12	24	3,520.84	146.70	.006	293.40	.81
12	24	3,520.84	146.70	.006	293.40	.81
0	0	.00	.00	.000	.00	.00
4	9	19.42	2.16	.002	4.86	.00
551	2,313	94,316.72	40.78	.531	171.17	21.65
5	121	11,994.78	99.13	.028	2398.96	2.75
0	0	.00	.00	.000	.00	.00
10	815	5,833.82	7.16	.187	583.38	1.34
0	0	.00	.00	.000	.00	.00
	1,277 126 0 3 444 176 251 52 0 4 0 0 38 12 12 0 4 551 5 0	OR DAYS OF CARE 1,277	OR DAYS OF CARE 1,277	OR DAYS OF CARE PER UNIT/DAY 1,277 132,022 \$ 376,887.48 \$ 2.85 126 1,029 139,597.07 135.66 0 0 .00 .00 3 3 1,916.20 638.73 444 18,026 76,595.24 4.25 176 3,016 31,192.14 10.34 251 14,417 42,547.93 2.95 52 593 2,855.17 4.81 0 0 .00 .00 4 43 2,969.09 69.05 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 48 102 1,178.78 11.56 0 0 .00 .00 38 117 1,919.72 16.41 12 24 3,520.84 146.70 0 0 .00 .00	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG PER UNIT/DAY AVERAGE COST UNITS/DAYS PER ELIG PER UNIT/DAY PER ELIG PER UNITS/DAYS PER ELIG PER UNITS/DAYS PER UNIT/DAY PER ELIG PER UNITS/DAYS PER UNIT/DAY PER ELIG PER UNITS/DAYS PER ELIG PER UNITS/DAYS PER ELIG PER UNITS/DAYS AVERAGE COST UNITS/DAYS AVERACE COST AVERACE COST AVERACE COST AVERACE COST AVERACE COST	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	219	109,420	37,025.80	.34	25.114	169.07	8.50
@CALIF. CHILDREN SERVICES*	21	173 \$	40,555.00	\$ 234.42	.040 \$	1931.19	\$ 9.31
@XOVER EXCLUDING STATE HOSP**	1,269	62,588 \$	223,540.92	\$ 3.57	14.365 \$	176.16	\$ 51.31
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARAT	E INFORMATION ITEM	ONLY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APPE	ROPRIATE DETAIL LIN	IES ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE	DETAIL LINES ABOVE					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 3,025
MOP024	FEE-FOR-SERVICE/I	ENTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERVIO	CES FOR MN - LONG	TERM CARE - FAMILI	ES DISCONTIN	UED		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
00 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
00 ELIGIBLES @TOTAL, ALL PROVIDERS			EXPENDITURES .00			USER	

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
	0	0					.00
PREVENTIVE CARE	U	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	U	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
	0	0 \$.00	
@PHARMACY	0	- T	.00	•	.000 \$		•
PRESCRIPTION DRUGS	U	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0					
ENDODONTICS	U	U	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	Ö	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON					PAGE 3,026
			NIH-OF-PAIMENI RE	PORT FOR UAIN 2	2003 THRO DEC	2003	
MOP024	FEE-FOR-SERVICE/I			a			01/29/04
FRESNO COUNTY	SUMMARY OF SERVIC	SES FOR MN - LONG TER	RM CARE - FAMILIE	S DISCONTINU			_
					MONTH		
00 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES		UNITS/DAYS C		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$		\$.00	.000 \$.00 \$	
VISITS	0	0	.00	.00	.000 \$.00	.00
A TOTIO	U	U	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$		\$.00
	-	~	Y		•			Ų	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
	0	0	ė.					d	
@HOME HEALTH AGENCY	U	U	Ş	.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	Ô	0	Ċ	.00	\$.00	.000 \$.00	\$.00
	0	0	γ L		•	· ·			
@TOTAL HOSPITAL	Ü	Ü	Ş	.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	Ô	0		.00	.00	.000	.00		.00
	0	0							
ACCOMMODATIONS	U	U		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
	0	0							
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
	0	0							
SURGERY	U	U		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	Ô	0		.00	.00	.000	.00		.00
	0	0	ė.					<u>ئ</u>	
@COUNTY HOSPITAL TOTAL	U	U	\$.00	•	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
	0	0							
ADMINISTRATIVE DAYS	Ü	Ü		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	Ô	0		.00	.00	.000	.00		.00
	0	0							
ALL OTHER INPATIENT	Ü	Ü		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	Ô	0		.00	.00	.000	.00		.00
	0	0							
RADIOLOGY	U	U		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONTH-OF-	PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE	3,027
MOP024	FEE-FOR-SERVICE								/29/04
			C TEDM CADE	י האאדד דה	C DICCOMPIN	TIED		0 1	/ 25/ 01
FRESNO COUNTY	SUMMARI OF SERV.	ICES FOR MN - LON	IG IERM CARE	- LAMITLIE	5 DISCONTIN				
						MON'			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPE	INDITURES	AVERAGE COST	'UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIG	IBLE
@COMMUNITY HOSPITAL TOTAL	0		\$.00	\$.00	.000 \$.00
COMM HOSP INPATIENT TOTAL	Õ	0	т	.00	.00	.000	.00	7	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
TIGHTOTITOTITE II CHICE	9	ŭ		.00	.00	.000	.00		

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Ő	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0					
	U	_	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	: 0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	. 0	0	.00	.00	.000	.00	.00
	0	0					
LEV B-TRANSITIONAL IP CARE	U	g .	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
	0	0 \$.00	\$.00	.000 \$.00	\$.00
@HEMODIALYSIS TOTAL	0	- 1			•		•
HOSPITAL BASED	U	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	_					
XO AND OTHERS	U	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	Ō	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON					PAGE 3,028
			NIII-OF-PAIMENT RE	SPORT FOR UAN 2	ייים סאווו כססי	2003	
MOP024	FEE-FOR-SERVICE						01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TER	RM CARE - FAMILIE	S DISCONTINU			
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0					
HEARING AID DISPENSERS	ŭ	· ·	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
	0	0					.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	Ü	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
	· ·	-				. 3 0	• • •

PORTABLE X-RAY	0	0	.00	.00	.000	.00)	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00)	.00
PROSTHETICS	0	0	.00	.00	.000	.00)	.00
ORTHOTICS	0	0	.00	.00	.000	.00)	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00)	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00)	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00)	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00)	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00) \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00) \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,029 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

FRESNO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

23,078 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	23,304	1,391,646 \$	76,558,219.56	\$ 55.01	60.302 \$	3285.20	\$ 3317.37
@PHYSICIANS SERVICES	3,246	8,609 \$	195,246.17	\$ 22.68	.373 \$	60.15	\$ 8.46
OUTPATIENT VISITS	188	235	11,376.38	48.41	.010	60.51	.49
OFFICE VISITS	77	98	3,332.70	34.01	.004	43.28	.14
HOME VISITS	3	3	202.80	67.60	.000	67.60	.01
EMERGENCY ROOM	81	95	6,926.49	72.91	.004	85.51	.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	48.38	48.38	.000	48.38	.00
OTHER OUTPATIENT	32	38	866.01	22.79	.002	27.06	.04
INPATIENT VISITS	553	1,947	68,343.18	35.10	.084	123.59	2.96
HOSPITAL VISITS	98	496	19,053.52	38.41	.021	194.42	.83
CRITICAL CARE	7	17	1,943.70	114.34	.001	277.67	.08
SNF/ICF/TRANS IP CARE	481	1,434	47,345.96	33.02	.062	98.43	2.05
OPHTHALMOLOGICAL SERVICES	21	21	670.34	31.92	.001	31.92	.03
EXAMINATIONS	21	21	670.34	31.92	.001	31.92	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	44	116	14,140.35	121.90	.005	321.37	.61
PRINCIPAL SURGEON	41	62	12,856.38	207.36	.003	313.57	.56
ASSISTANT SURGEON	1	1	10.03	10.03	.000	10.03	.00
ANESTHESIOLOGIST	8	53	1,273.94	24.04	.002	159.24	.06
OUTPATIENT SURGERY	33	54	5,300.46	98.16	.002	160.62	.23
PRINCIPAL SURGEON	31	36	4,807.88	133.55	.002	155.09	.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	18	492.58	27.37	.001	164.19	.02
DIALYSIS	6	45	3,071.98	68.27	.002	512.00	.13
PATHOLOGY	29	34	718.47	21.13	.001	24.77	
RADIOLOGY	159	504	12,991.89	25.78	.022	81.71	.56
PSYCHIATRY	4	4	92.88	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION	5	15		11.78	.001	35.34	.01
OTHER SERVICES/ALL X-OVERS	2,536	5,634		13.91	.244	30.90	3.40
@PHARMACY	19,351	496,405 \$		\$ 13.32	21.510 \$		
PRESCRIPTION DRUGS	19,200	110,941	6,386,688.60	57.57	4.807	332.64	276.74
SNF/ICF	17,542	99,187	5,747,728.87	57.95	4.298	327.66	249.06
OUTPATIENTS	2,379	11,754	638,959.73	54.36	.509	268.58	27.69
MEDICAL SUPPLIES	1,949	385,464	227,526.76	.59	16.703	116.74	9.86
@DENTIST	1,172	3,180 \$	134,294.70	\$ 42.23	.138 \$	114.59	\$ 5.82

VISITS - DIAGNOSTIC	1,068	2,251	40,377.75	17.94	.098	37.81	1.75
ORAL SURGERY	103	420	23,719.70	56.48	.018	230.29	1.03
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	30	34	4,030.00	118.53	.001	134.33	.17
ENDODONTICS	3	7	1,725.00	246.43	.000	575.00	.07
RESTORATIVE DENTISTRY	59	138	11,271.00	81.67	.006	191.03	.49
PROSTHETICS	5	5	120.00	24.00	.000	24.00	.01
DENTURES, STAYPLATES	135	313	52,701.00	168.37	.014	390.38	2.28
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	350.25	116.75	.000	116.75	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	9	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2003 THRU DEC	2003	PAGE 3,030
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04

FRESNO COUNTY	SUMMARY OF SERVIC	ES FOR MN - LONG	TERM CARE - TOTAL				
					MON'		
23,078 ELIGIBLES		NITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	275	707 \$	12,059.47	\$ 17.06	.031 \$		
DIAGNOSTIC AND ANC. PROCED	39	39	1,606.04	41.18	.002	41.18	.07
EYE APPLIANCES	193	550	9,516.64	17.30	.024	49.31	.41
OTHER OPTOMETRIC SERVICES	68	118	936.79	7.94	.005	13.78	.04
@CHIROPRACTOR	2	3 \$	50.16	\$ 16.72	.000 \$		\$.00
VISITS	2	3	50.16	16.72	.000	25.08	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1,980	2,716 \$	14,188.75	\$ 5.22	.118 \$	7.17	\$.61
MEDICINE/INJECTIONS	12	12	341.24	28.44	.001	28.44	.01
SURGERY/ANES.	1	1	9.00	9.00	.000	9.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1,968	2,703	13,838.51	5.12	.117	7.03	.60
@HOME HEALTH AGENCY	8	81 \$	5,909.48	\$ 72.96	.004 \$		\$.26
NURSE ANESTHESIST	ĺ	3 \$	13.74	\$ 4.58	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	1	2 \$	56.59	\$ 28.30	.000 \$	56.59	
@TOTAL HOSPITAL	1,270 306	6,058 \$	1,241,408.57	\$ 204.92	.263 \$		
HOSP INPATIENT TOTAL	306	2,458	1,162,398.61	472.90	.107	3798.69	50.37
HSC HOSPITALS	60	799	819,833.24	1026.07	.035	13663.89	35.52
NON-HSC HOSPITAL TOTAL	19	229	159,045.19	694.52	.010	8370.80	6.89
	19	229		286.53	.010	3453.48	2.84
ACCOMMODATIONS	10	177	65,616.07 40,940.10	231.30	.008	4094.01	1.77
ADMINISTRATIVE DAYS	0	0					
TRANSITIONAL IP CARE	9	52	.00	.00 474.54	.000	.00 2741.77	.00
ALL OTHER ACCOM	19	0	24,675.97		.002		1.07 4.05
ANCILLARIES			93,429.12	.00	.000	4917.32	
INPATIENT CROSSOVERS	231	1,430	183,520.18	128.34	.062	794.46	7.95
ALL OTHER INPATIENT	0 1,096	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL		3,600	79,009.96	21.95	.156	72.09	3.42
MEDICAL	41	61 17	1,986.21	32.56	.003	48.44	.09
SURGERY	16		888.08		.001	55.51	.04
PATHOLOGY	89	331	3,677.55	11.11	.014	41.32	.16
RADIOLOGY	55	124	11,826.26	95.37	.005	215.02	.51
ROOM USE	114	146	6,500.09	44.52	.006	57.02	. 28
CROSSOVERS/ALL OTH OUTPTNT		2,921	54,131.77	18.53	.127	56.04	2.35
@COUNTY HOSPITAL TOTAL	9	22 \$	3,153.74	\$ 143.35	.001 \$		
CO HOSPITAL INPATIENT TOTAL		2	2,700.00	1350.00	.000	2700.00	.12
HSC HOSPITALS	1	2	2,700.00	1350.00	.000	2700.00	.12
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	20	453.74	22.69	.001	56.72	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	43.64	8.73	.000	21.82	.00
RADIOLOGY	1	1	38.44	38.44	.000	38.44	.00
ROOM USE	3	4	155.68	38.92	.000	51.89	.01
CROSSOVERS/ALL OTH OUTPTNT	5	10	215.98	21.60	.000	43.20	.01
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	REPORT FOR JAN	2003 THRU DE	2003	PAGE 3,031
MOD024	FFF_FOD_CFDUTCF/D	ENTT A T					01/29/04

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

							M	ONT	THLY AVERA	GE	
23,078 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	-	COST PER	-	COST PER
	0.0	OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,263	6,036	\$	1,238,254.83	\$	205.14	.262	\$	980.41	\$	53.66
COMM HOSP INPATIENT TOTAL	305	2,456	·	1,159,698.61	•	472.19	.106	•	3802.29		50.25
HSC HOSPITALS	59	797		817,133.24		1025.26	.035		13849.72		35.41
NON-HSC HOSPITALS TOTAL	19	229		159,045.19		694.52	.010		8370.80		6.89
ACCOMMODATIONS	19	229		65,616.07		286.53	.010		3453.48		2.84
ADMINISTRATIVE DAYS	10	177		40,940.10		231.30	.008		4094.01		1.77
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	52		24,675.97		474.54	.002		2741.77		1.07
ANCILLARIES	19	0		93,429.12		.00	.000		4917.32		4.05
INPATIENT CROSSOVERS	231	1,430		183,520.18		128.34	.062		794.46		7.95
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,090	3,580		78,556.22		21.94	.155		72.07		3.40
MEDICAL	41	61		1,986.21		32.56	.003		48.44		.09
SURGERY	16	17		888.08		52.24	.001		55.51		.04
PATHOLOGY	87	326		3,633.91		11.15	.014		41.77		.16
RADIOLOGY	54	123		11,787.82		95.84	.005		218.29		.51
ROOM USE	111	142		6,344.41		44.68	.006		57.16		.27
CROSSOVERS/ALL OTH OUTPTNT		2,911		53,915.79		18.52	.126		56.10		2.34
@STATE HOSPITAL	13	517	\$	266,831.85	\$	516.12		\$	20525.53	Ś	11.56
MENTALLY ILL	9	248	•	113,878.89	•	459.19	.011		12653.21		4.93
DEVELOP. DISABLED	4	269		152,952.96		568.60	.012		38238.24		6.63
@NURSING FACILITY	18,259	568,248	\$	59,322,239.29	\$	104.39		Ś	3248.93	\$	2570.51
LEV A-INTERMEDIATE	2	23	т	1,915.58	т	83.29	.001	-	957.79	4	.08
LEV B-REHAB MD	18	518		57,050.78		110.14	.022		3169.49		2.47
LEV B-SUBACUTE FREESTANDING		5,160		1,754,807.49		340.08	.224		11248.77		76.04
LEV B-SUBACUTE HSPTL BASED	195	6,648		3,037,151.31		456.85	.288		15575.13		131.60
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	17,893	555,899		54,471,314.13		97.99	24.088		3044.28		2360.31
@INTERMEDIATE CARE FACILDD	1,742	53,325	\$	7,413,542.75	\$			Ś	4255.77	Ś	321.24
ICF DDH	1,292	40,072	т	5,209,352.25	4	130.00	1.736	4	4032.01	-	225.73
ICF DD	, 0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	450	13,253		2,204,190.50		166.32	.574		4898.20		95.51
@HEMODIALYSIS TOTAL	123	671	\$	80,201.87	\$	119.53		\$	652.05	\$	3.48
HOSPITAL BASED	0	0	·	.00	•	.00	.000		.00		.00
HEMODIALYSIS CENTER	123	671		80,201.87		119.53	.029		652.05		3.48
@REHABILITATION FACILITY	4	53	\$	1,289.13	\$	24.32	.002	\$	322.28	\$.06
HOSPITAL BASED	3	49	·	1,219.81	•	24.89	.002		406.60		.05
INDEPENDENT FACILITY	1	4		69.32		17.33	.000		69.32		.00
@LABORATORY FACILITY	292	1,333	\$	13,708.55	\$	10.28	.058	\$	46.95	\$.59
PATHOLOGY	288	1,326		13,648.62		10.29	.057		47.39		.59
XO AND OTHERS	4	7		59.93		8.56	.000		14.98		.00
@ORGANIZED OUTPATIENT CLINIC	612	1,325	\$	75,234.98	\$	56.78	.057	\$	122.93	\$	3.26
CLINIC	0	0	·	.00	•	.00	.000		.00		.00
SURGICENTER	11	44		1,663.45		37.81	.002		151.22		.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	602	1,281		73,571.53		57.43	.056		122.21		3.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		ES M	ONTH-OF-PAYMENT RI	EPORT		2003 THRU	DEC		E	PAGE 3,032
MOP024	FEE-FOR-SERVICE		-								01/29/04
FRESNO COUNTY		ICES FOR MN - LOI	NG I	ERM CARE - TOTAL							,,
							M	ONT	THLY AVERA	GE	
23,078 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	4,472	248,410	\$	1,167,728.15	\$	4.70	10.764		261.12	\$	50.60
DURABLE MED. EQUIP.	468	3,460		425,020.64		122.84	.150		908.16		18.42
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	54	63		31,514.59		500.23	.003		583.60		1.37
MEDICAL TRANSPORTATION	2,563	80,182		370,373.64		4.62	3.474		144.51		16.05

AMBULANCES/AIR TRANS	815	9,529	127,422.54	13.37	.413	156.35	5.52
OTHER TRANS	1,590	66,711	223,214.17	3.35	2.891	140.39	9.67
OTHER SERVICES	437	3,942	19,736.93	5.01	.171	45.16	.86
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	46	3,187.21	69.29	.002	637.44	.14
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	242	520	6,526.55	12.55	.023	26.97	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	258	858	6,573.16	7.66	.037	25.48	.28
PROSTHETIST/ORTHOTISTS	39	69	4,750.88	68.85	.003	121.82	.21
PROSTHETICS	33	62	4,508.11	72.71	.003	136.61	.20
ORTHOTICS	6	7	242.77	34.68	.000	40.46	.01
PSYCHOLOGIST	13	21	202.11	9.62	.001	15.55	.01
SPEECH AND AUDIOLOGY	721	2,763	113,058.35	40.92	.120	156.81	4.90
HOSPICE SERVICES	92	1,442	142,282.66	98.67	.062	1546.55	6.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	861	6,053.01	7.03	.037	550.27	.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	452	158,125	58,185.35	.37	6.852	128.73	2.52
@CALIF. CHILDREN SERVICES*	22	174	\$ 40,590.02	\$ 233.28	.008	\$ 1845.00	\$ 1.76
@XOVER EXCLUDING STATE HOSP**	7,564	387,147	\$ 1,682,570.73	\$ 4.35	16.776	\$ 222.44	\$ 72.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,033 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

DOINING OF DEED	VICED FOR THEFTCHERT I	ILLDI INCLD				
				_		-
USERS		EXPENDITURES				COST PER
						ELIGIBLE
42,183	1,588,949 \$	67,727,061.25		30.163	\$ 1605.55	\$ 1285.68
8,285	29,444 \$	859,091.61	\$ 29.18	.559	\$ 103.69	\$ 16.31
2,239	3,219	121,140.84	37.63	.061	54.10	2.30
1,741	2,478	81,553.87	32.91	.047	46.84	1.55
0	0	.00	.00	.000	.00	.00
397	462	33,779.60	73.12	.009	85.09	.64
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
225	279	5,807.37	20.81	.005	25.81	.11
471	1,888	80,096.48	42.42	.036	170.06	1.52
354	1,646	67,331.12	40.91	.031	190.20	1.28
22	62	7,351.10	118.57	.001	334.14	.14
119	180	5,414.26	30.08	.003	45.50	.10
163	206	8,249.07	40.04	.004	50.61	.16
163	206	8,249.07	40.04	.004	50.61	.16
0	0	.00	.00	.000	.00	.00
169	1,300	86,514.10	66.55	.025	511.92	1.64
136	242	71,121.12	293.89	.005	522.95	1.35
23	24	5,154.60	214.78	.000	224.11	.10
40	1,034	10,238.38	9.90	.020	255.96	.19
321	575	108,469.01	188.64	.011	337.91	2.06
292	368	102,776.90	279.29	.007	351.98	1.95
2	2	199.55	99.78	.000	99.78	.00
44	205	5,492.56	26.79	.004	124.83	.10
105	296	33,118.44	111.89	.006	315.41	.63
694	2,045	23,083.48	11.29	.039	33.26	.44
	2,239 1,741 0 397 0 0 225 471 354 22 119 163 163 0 169 136 23 40 321 292 2 44 105	OR DAYS OF CARE 42,183	OR DAYS OF CARE 42,183 1,588,949 \$ 67,727,061.25 8,285 29,444 \$ 859,091.61 2,239 3,219 121,140.84 1,741 2,478 81,553.87 0 0 0 397 462 33,779.60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE PER UNIT/DAY 42,183 1,588,949 \$ 67,727,061.25 \$ 42.62 8,285 29,444 \$ 859,091.61 \$ 29.18 2,239 3,219 121,140.84 37.63 1,741 2,478 81,553.87 32.91 0 0 .00 .00 397 462 33,779.60 73.12 0 0 .00 .00 225 279 5,807.37 20.81 471 1,888 80,096.48 42.42 354 1,646 67,331.12 40.91 22 62 7,351.10 118.57 119 180 5,414.26 30.08 163 206 8,249.07 40.04 0 0 .00 .00 169 1,300 86,514.10 66.55 136 242 71,121.12 293.89 23 24 5,154.60 214.78 40 1,034	USERS UNITS OF SERVICE OR DAYS OF CARE 42,183	VACATION OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 42,183 1,588,949 \$ 67,727,061.25 \$ 42.62 30.163 \$ 1605.55 8,285 29,444 \$ 859,091.61 \$ 29.18 .559 \$ 103.69 2,239 3,219 121,140.84 37.63 .061 54.10 1,741 2,478 81,553.87 32.91 .047 46.84 0 0 0 .00 .00 .00 .00 397 462 33,779.60 73.12 .009 85.09 0 0 .00 .00 .00 .00 .00 25 279 5,807.37 20.81 .005 25.81 471 1,888 80,096.48 42.42 .036 170.06 354 1,646 67,331.12 40.91 .031 190.20 22 62 7,351.10 118.57 .001 334.14 119 180 5,414.26 30.08 .0

RADIOLOGY	1,095	2,488		82,510.88		33.16	.047		75.35		1.57
PSYCHIATRY	_,	_, _ 0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	-	1,035		30,791.16		29.75	.020		215.32		.58
	5,468	16,392		285,118.15		17.39	.311		52.14		5.41
OTHER SERVICES/ALL X-OVERS	3,400		4	205,110.15	4					4	
@PHARMACY	33,848	598,829	Ş		\$		11.368	Ş		Ş	
PRESCRIPTION DRUGS	33,300	156,711		8,764,085.91		55.93	2.975		263.19		166.37
SNF/ICF	15,215 18,741	85,111		4,617,089.42		54.25	1.616		303.46		87.65
OUTPATIENTS	18,741	71,600		4,146,996.49		57.92	1.359		221.28		78.72
MEDICAL SUPPLIES	3.377	442,118		317,826.42		.72	8.393		94.12		6.03
@DENTIST	3,377 2,544	10,157	\$	478,316.44	Ġ			Ś	188.02	Ġ	9.08
	1 020	5,753	٧	81,058.95	Ψ.	14.09	.109	٧	44.34	~	1.54
VISITS - DIAGNOSTIC	405					51.48	.026		172.22		1.32
ORAL SURGERY		1,355		69,749.54							
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	7	7		500.00		71.43	.000		71.43		.01
PERIODONTICS	186	197		24,678.00		125.27	.004		132.68		.47
ENDODONTICS	67	91		19,966.00		219.41	.002		298.00		.38
RESTORATIVE DENTISTRY	451	1,289		99,669.00		77.32	.024		221.00		1.89
PROSTHETICS	25	26		760.00		29.23	.000		30.40		.01
DENTURES, STAYPLATES	502	1,377					.026		362.42		3.45
SPACE MAINTAINERS	0	1,3//		.00		.00	.000		.00		.00
	1	1									
MAXILLOFACIAL SERVICES				.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	46	61		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	MONTH-OF-PAYMENT RE	EPOR'	r for Jan	2003 THRU	DEC	2003	P	AGE 3,034
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LLY N	IEEDY - AGED							
							M	TNOI	HLY AVERA	GE ·	
52,678 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AV	ERAGE COST	C UNITS/DAY	S	COST PER	(COST PER
	0.0	OR DAYS OF CARE					PER ELIC		USER		ELIGIBLE
@ODTOMETD I CT	800			40 064 23							76
@OPTOMETRIST	800	2,050	\$	40,064.23	\$	19.54	.039		50.08		.76
DIAGNOSTIC AND ANC. PROCED	800 222	2,050 224		9,204.63		19.54 41.09	.039		50.08 41.46		.17
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	800 222 534	2,050 224 1,522		9,204.63 26,300.63		19.54 41.09 17.28	.039 .004 .029		50.08 41.46 49.25		.17 .50
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	194	2,050 224 1,522 304	\$	9,204.63 26,300.63 4,558.97	\$	19.54 41.09 17.28 15.00	.039 .004 .029 .006	\$	50.08 41.46 49.25 23.50	\$.17 .50 .09
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	194 15	2,050 224 1,522 304 31		9,204.63 26,300.63 4,558.97 389.13		19.54 41.09 17.28 15.00 12.55	.039 .004 .029 .006	\$	50.08 41.46 49.25 23.50 25.94	\$.17 .50 .09 .01
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	194 15 7	2,050 224 1,522 304 31 13	\$	9,204.63 26,300.63 4,558.97 389.13 217.36	\$	19.54 41.09 17.28 15.00 12.55 16.72	.039 .004 .029 .006 .001	\$	50.08 41.46 49.25 23.50 25.94 31.05	\$.17 .50 .09 .01
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	194 15 7 9	2,050 224 1,522 304 31 13	\$	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77	\$	19.54 41.09 17.28 15.00 12.55 16.72 9.54	.039 .004 .029 .006 .001 .000	\$	50.08 41.46 49.25 23.50 25.94 31.05 19.09	\$.17 .50 .09 .01
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	194 15 7	2,050 224 1,522 304 31 13	\$	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77	\$	19.54 41.09 17.28 15.00 12.55 16.72	.039 .004 .029 .006 .001	\$	50.08 41.46 49.25 23.50 25.94 31.05	\$.17 .50 .09 .01
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	194 15 7 9	2,050 224 1,522 304 31 13	\$5	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64	\$	19.54 41.09 17.28 15.00 12.55 16.72 9.54	.039 .004 .029 .006 .001 .000	\$	50.08 41.46 49.25 23.50 25.94 31.05 19.09	\$.17 .50 .09 .01 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	194 15 7 9 1,975 64	2,050 224 1,522 304 31 13 18 2,774 70	\$5	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87	\$	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81	.039 .004 .029 .006 .001 .000 .000	\$	50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70	\$.17 .50 .09 .01 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	194 15 7 9 1,975 64 5	2,050 224 1,522 304 31 13 18 2,774 70	\$5	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27	\$	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04	.039 .004 .029 .006 .001 .000 .053 .001	\$	50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25	\$.17 .50 .09 .01 .00 .00 .35 .04
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	194 15 7 9 1,975 64 5 7	2,050 224 1,522 304 31 13 18 2,774 70 7	\$5	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10	\$	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30	.039 .004 .029 .006 .001 .000 .053 .001	\$	50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30	\$.17 .50 .09 .01 .00 .00 .35 .04 .01
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	194 15 7 9 1,975 64 5 7 1,913	2,050 224 1,522 304 31 13 18 2,774 70 7	\$5	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10	\$ \$ \$	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82	.039 .004 .029 .006 .001 .000 .053 .001 .000	\$ \$	50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19	₹\$ \$\$.17 .50 .09 .01 .00 .35 .04 .01
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	194 15 7 9 1,975 64 5 7 1,913	2,050 224 1,522 304 31 13 18 2,774 70 7 7 2,690 509	\$	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87	\$\tau\$ \$\tau\$ \$\tau\$	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87	.039 .004 .029 .006 .001 .000 .053 .001 .000 .000	\$ \$	50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08	\$\tau\$ \$\tau\$ \$\tau\$.17 .50 .09 .01 .00 .00 .35 .04 .01 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	194 15 7 9 1,975 64 5 7 1,913 72	2,050 224 1,522 304 31 13 18 2,774 70 7 7 2,690 509 104	\$	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66	\$\tau\$ \$\tau\$ \$\tau\$ \$\tau\$	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051	\$ \$ \$	50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04	\$\text{\$\phi\$} \text{\$\phi\$} \	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	194 15 7 9 1,975 64 5 7 1,913 72 15	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104	\$	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00	ላን ላን ላን ላን ላን	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010	\$ \$ \$	50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04	ው ው ው ውው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	194 15 7 9 1,975 64 5 7 1,913 72 15 0	2,050 224 1,522 304 31 13 18 2,774 70 7 7 2,690 509 104 0	\$	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .00	ማ ማ ማ ማ ማ	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	194 15 7 9 1,975 64 5 7 1,913 72 15 0	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35	\$	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .00 .881.37	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .00 25.18	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .00 55.09	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	194 15 7 9 1,975 64 5 7 1,913 72 15 0	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998	\$	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .00	ማ ማ ማ ማ ማ	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .25.18 129.95	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .55.09 668.71	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	194 15 7 9 1,975 64 5 7 1,913 72 15 0	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 00 00 881.37 3,248,584.45	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .25.18 129.95	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .55.09 668.71	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	194 15 7 9 1,975 64 5 7 1,913 72 15 0 0 16 4,858 677	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998 4,390	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .00 .881.37 3,248,584.45 2,647,126.44	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .25.18 129.95 602.99	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000 .000		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .00 55.09 668.71 3910.08	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	194 15 7 9 1,975 64 5 7 1,913 72 15 0 0 16 4,858 677 286	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998 4,390 1,846	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .881.37 3,248,584.45 2,647,126.44 1,974,561.37	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .00 25.18 129.95 602.99 1069.64	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000 .000 .001 .475		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .55.09 668.71 3910.08 6904.06	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02 .00 .00 .02 61.67 50.25 37.48
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	194 15 7 9 1,975 64 5 7 1,913 72 15 0 16 4,858 677 286 43	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998 4,390 1,846 289	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .881.37 3,248,584.45 2,647,126.44 1,974,561.37 386,162.33	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .00 25.18 129.95 602.99 1069.64 1336.20	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000 .000 .001 .475 .083		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 55.09 668.71 3910.08 6904.06 8980.52	ው ው ው ው ው	.17 .50 .09 .01 .00 .00 .35 .04 .01 .00 .30 .69 .02 .00 .00 .02 61.67 50.25 37.48 7.33
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	194 15 7 9 1,975 64 5 7 1,913 72 15 0 0 16 4,858 677 286 43 43	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998 4,390 1,846 289 289	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .00 .881.37 3,248,584.45 2,647,126.44 1,974,561.37 386,162.33 117,080.14	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .00 25.18 129.95 602.99 1069.64 1336.20 405.12	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000 .001 .475 .083 .035		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .55.09 668.71 3910.08 6904.06 8980.52 2722.79	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02 .00 .00 .02 61.67 50.25 37.48 7.33 2.22
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### FAMILY NURSE PRACTITIONER ### ### FAMILY NURSE PRACTITIONER ### ### ### ### ### ### ### ### ### ##	194 15 7 9 1,975 64 5 7 1,913 72 15 0 0 16 4,858 677 286 43 43 10	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998 4,390 1,846 289 289 56	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .00 .881.37 3,248,584.45 2,647,126.44 1,974,561.37 386,162.33 117,080.14 12,339.70	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .00 25.18 129.95 602.99 1069.64 1336.20 405.12 220.35	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000 .001 .475 .083 .035 .005		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .55.09 668.71 3910.08 6904.06 8980.52 2722.79 1233.97	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02 .00 .02 .167 50.25 37.48 7.33 2.22 .23
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	194 15 7 9 1,975 64 5 7 1,913 72 15 0 0 16 4,858 677 286 43 43 10 0	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998 4,390 1,846 289 289 56 0	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .00 .881.37 3,248,584.45 2,647,126.44 1,974,561.37 386,162.33 117,080.14 12,339.70 .00	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .00 25.18 129.95 602.99 1069.64 1336.20 405.12 220.35 .00	.039 .004 .029 .006 .001 .000 .053 .001 .000 .0551 .010 .002 .000 .001 .475 .083 .035 .005		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .55.09 668.71 3910.08 6904.06 8980.52 2722.79 1233.97	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02 .00 .02 61.67 50.25 37.48 7.33 2.22 .23
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### FAMILY NURSE PRACTITIONER ### ### ### ### ### ### ### ### ### ##	194 15 7 9 1,975 64 5 7 1,913 72 15 0 0 16 4,858 677 286 43 43 10 0 33	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998 4,390 1,846 289 289 56 0 233	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .00 .881.37 3,248,584.45 2,647,126.44 1,974,561.37 386,162.33 117,080.14 12,339.70 .00 104,740.44	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .00 25.18 129.95 602.99 1069.64 1336.20 405.12 220.35 .00 449.53	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000 .001 .475 .083 .005 .005		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .55.09 668.71 3910.08 6904.06 8980.52 2722.79 1233.97 .00 3173.95	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02 .00 .02 61.67 50.25 37.48 7.33 2.22 .23 .00 1.99
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	194 15 7 9 1,975 64 5 7 1,913 72 15 0 0 16 4,858 677 286 43 43 10 0 33 43	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998 4,390 1,846 289 289 56 0 233 0	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 00 881.37 3,248,584.45 2,647,126.44 1,974,561.37 386,162.33 117,080.14 12,339.70 00 104,740.44 269,082.19	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .00 25.18 129.95 602.99 1069.64 1336.20 405.12 220.35 .00 449.53	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000 .001 .475 .083 .035 .005 .005		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .55.09 668.71 3910.08 6904.06 8980.52 2722.79 1233.97 .00 3173.95 6257.73	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02 .00 .02 61.67 50.25 37.48 7.33 2.22 .23 .00 1.99 5.11
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### FAMILY NURSE PRACTITIONER ### ### ### ### ### ### ### ### ### ##	194 15 7 9 1,975 64 5 7 1,913 72 15 0 0 16 4,858 677 286 43 43 10 0 33 43 356	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998 4,390 1,846 289 289 289 56 0 233 0 2,255	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .00 .881.37 3,248,584.45 2,647,126.44 1,974,561.37 386,162.33 117,080.14 12,339.70 .00 104,740.44	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .00 25.18 129.95 602.99 1069.64 1336.20 405.12 220.35 .00 449.53 .00 127.01	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000 .001 .475 .083 .035 .005 .005		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .55.09 668.71 3910.08 6904.06 8980.52 2722.79 1233.97 .00 3173.95	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02 .00 .02 61.67 50.25 37.48 7.33 2.22 .23 .00 1.99 5.11 5.44
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	194 15 7 9 1,975 64 5 7 1,913 72 15 0 0 16 4,858 677 286 43 43 10 0 33 43 356 0	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998 4,390 1,846 289 289 289 56 0 0 2,255 0	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .881.37 3,248,584.45 2,647,126.44 1,974,561.37 386,162.33 117,080.14 12,339.70 .00 104,740.44 269,082.19 286,402.74 .00	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .25.18 129.95 602.99 1069.64 1336.20 405.12 220.35 .00 449.53 .00 127.01	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000 .001 .475 .083 .035 .005 .005		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .55.09 668.71 3910.08 6904.06 8980.52 2722.79 1233.97 .00 3173.95 6257.73 804.50 .00	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02 .00 .02 61.67 50.25 37.48 7.33 2.22 .23 .00 1.99 5.11
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	194 15 7 9 1,975 64 5 7 1,913 72 15 0 0 16 4,858 677 286 43 43 10 0 33 43 356	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998 4,390 1,846 289 289 289 56 0 233 0 2,255	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 00 881.37 3,248,584.45 2,647,126.44 1,974,561.37 386,162.33 117,080.14 12,339.70 00 104,740.44 269,082.19 286,402.74	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .00 25.18 129.95 602.99 1069.64 1336.20 405.12 220.35 .00 449.53 .00 127.01	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000 .001 .475 .083 .035 .005 .005		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .55.09 668.71 3910.08 6904.06 8980.52 2722.79 1233.97 .00 3173.95 6257.73 804.50	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02 .00 .02 61.67 50.25 37.48 7.33 2.22 .23 .00 1.99 5.11 5.44
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	194 15 7 9 1,975 64 5 7 1,913 72 15 0 0 16 4,858 677 286 43 43 10 0 33 43 356 0	2,050 224 1,522 304 31 13 18 2,774 70 7 2,690 509 104 0 0 35 24,998 4,390 1,846 289 289 289 56 0 0 2,255 0	ט ט ט ט ט ט ט ט ט	9,204.63 26,300.63 4,558.97 389.13 217.36 171.77 18,593.64 2,156.87 651.27 121.10 15,664.40 36,581.87 1,200.66 .00 .881.37 3,248,584.45 2,647,126.44 1,974,561.37 386,162.33 117,080.14 12,339.70 .00 104,740.44 269,082.19 286,402.74 .00	ው ው ው ው ው	19.54 41.09 17.28 15.00 12.55 16.72 9.54 6.70 30.81 93.04 17.30 5.82 71.87 11.54 .00 .25.18 129.95 602.99 1069.64 1336.20 405.12 220.35 .00 449.53 .00 127.01	.039 .004 .029 .006 .001 .000 .053 .001 .000 .051 .010 .002 .000 .001 .475 .083 .035 .005 .005		50.08 41.46 49.25 23.50 25.94 31.05 19.09 9.41 33.70 130.25 17.30 8.19 508.08 80.04 .00 .55.09 668.71 3910.08 6904.06 8980.52 2722.79 1233.97 .00 3173.95 6257.73 804.50 .00	ው ው ው ው ው	.17 .50 .09 .01 .00 .35 .04 .01 .00 .30 .69 .02 .00 .00 .02 61.67 50.25 37.48 7.33 2.22 .23 .00 1.99 5.11 5.44

SURGERY	162	176	13,045.16	74.12	.003	80.53	.25
PATHOLOGY	1,010	4,336	50,551.92	11.66	.082	50.05	.96
RADIOLOGY	746	1,463	114,351.36	78.16	.028	153.29	2.17
ROOM USE	1,628	2,664	108,910.11	40.88	.051	66.90	2.07
CROSSOVERS/ALL OTH OUTPINT	3,020	10,915	262,929.35	24.09	.207	87.06	4.99
@COUNTY HOSPITAL TOTAL	27	113	\$ 13,084.99	\$ 115.80	.002	\$ 484.63	\$.25
CO HOSPITAL INPATIENT TOTAL	4	9	10,835.00	1203.89	.000	2708.75	.21
HSC HOSPITALS	4	9	10,835.00	1203.89	.000	2708.75	.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	24	104	2,249.99	21.63	.002	93.75	.04
MEDICAL	3	8	298.49	37.31	.000	99.50	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	30	360.16	12.01	.001	90.04	.01
RADIOLOGY	2	6	652.31	108.72	.000	326.16	.01
ROOM USE	6	10	367.13	36.71	.000	61.19	.01
CROSSOVERS/ALL OTH OUTPTNT		50	571.90	11.44		31.77	
					.001		.01
	MEDI-CAL SERVICES		MONTH-OF-PAYMENT I	REPORT FOR JAN	2003 THRU D	EC 2003	PAGE 3,035
MOP024	FEE-FOR-SERVICE/DE						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	S FOR MEDICALLY	NEEDY - AGED				
					MO	NTHLY AVERA	GE
52,678 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4 021	24,885 \$	3,235,499.46	\$ 130.02	.472		
COMM HOSP INPATIENT TOTAL	673	4,381	2,636,291.44	601.76	.083	3917.22	50.05
HSC HOSPITALS	202	1,837	1,963,726.37	1068.99	.035	6963.57	37.28
NON HEE HOEDIERIS HOMAI	42						
NON-HSC HOSPITALS TOTAL	4.3	289	386,162.33	1336.20	.005	8980.52	7.33
ACCOMMODATIONS	43	289	117,080.14	405.12	.005	2722.79	2.22
ADMINISTRATIVE DAYS	10	56	12,339.70	220.35	.001	1233.97	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4,831 673 282 43 43 10 0	233	104,740.44	449.53	.004	3173.95	1.99
ANCILLARIES	43	0	269,082.19	.00	.000	6257.73	5.11
INPATIENT CROSSOVERS	356	2,255	286,402.74	127.01	.043	804.50	5.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL		20,504	599,208.02	29.22	.389	134.17	11.37
	4,400	•					
MEDICAL	577	1,046	51,371.62	49.11	.020	89.03	.98
SURGERY	162	176	13,045.16	74.12	.003	80.53	. 25
PATHOLOGY	1,006	4,306	50,191.76	11.66	.082	49.89	.95
RADIOLOGY	744	1,457	113,699.05	78.04	.028	152.82	2.16
ROOM USE	1,622	2,654	108,542.98	40.90	.050	66.92	2.06
CROSSOVERS/ALL OTH OUTPTNT	3,002	10,865	262,357.45	24.15	.206	87.39	4.98
@STATE HOSPITAL	9	248 \$		\$ 459.19		\$ 12653.21	
MENTALLY ILL	9	248	113,878.89	459.19	.005	12653.21	2.16
DEVELOP. DISABLED	3,002 9 9 0 16,929 4 6	0	.00		.000	.00	.00
@NURSING FACILITY	16 929	519,659 \$				\$ 3044.30	
ENORSING LACIDITI	10,929	91	7,969.86	87.58	.002	1992.47	.15
LEV A-INTERMEDIATE	4						
LEV B-REHAB MD	36	153	15,180.75	99.22	.003	2530.13	. 29
TEA P-20DYCOIF LYFF2IMDING	30	1,195	372,973.62	312.11	.023	10360.38	7.08
LEV B-SUBACUTE HSPTL BASED	14	492	204,707.24	416.07	.009	14621.95	3.89
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14 0 16,870 40	517,728	50,936,126.74	98.38	9.828	3019.33	966.93
@INTERMEDIATE CARE FACILDD	40	1,048 \$	147,242.18	\$ 140.50	.020	\$ 3681.05	\$ 2.80
ICF DDH	24 0 16 288 25 263	612	74,285.35	121.38	.012	3095.22	1.41
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	16	436	72,956.83	167.33	.008	4559.80	1.38
@HEMODIALYSIS TOTAL	200	5,509 \$	367,058.78	\$ 66.63		\$ 1274.51	
WILLHODIALISIS TOTAL	200		•	2190.74		4030.96	1.91
HOSPITAL BASED	25	46	100,774.04		.001		
HEMODIALYSIS CENTER	263	5,463	266,284.74	48.74	.104	1012.49	5.05
endin dell'inition i metalli	10	62 \$	1,786.54	\$ 28.82	.001		
HOSPITAL BASED	19	62	1,786.54	28.82	.001	94.03	.03
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	692	4,303 \$	42,051.06	\$ 9.77	.082	\$ 60.77	\$.80
PATHOLOGY	683	4,279	41,978.08	9.81	.081	61.46	.80
XO AND OTHERS	9	24	72.98	3.04	.000	8.11	.00
@ORGANIZED OUTPATIENT CLINIC	2,304	4,084 \$	212,270.47	\$ 51.98		\$ 92.13	\$ 4.03
CLINIC CLINIC	35	168	2,733.37	16.27	.003	78.10	.05
	95	296					
SURGICENTER			16,000.90	54.06	.006	168.43	.30
HEROIN DETOX CLINIC	1	13	157.94	12.15	.000	157.94	.00
RURAL HEALTH CLINIC	2,185	3,607	193,378.26	53.61	.068	88.50	3.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JAN	2003 THRU D	EC 2003	PAGE 3,036

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MO	NTHLY AVERA	GE
52,678 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6,085	385,105 \$	1,540,199.39	\$ 4.00	7.311	\$ 253.11	\$ 29.24
DURABLE MED. EQUIP.	465	2,696	335,622.11	124.49	.051	721.77	6.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	123	143	78,922.61	551.91	.003	641.65	1.50
MEDICAL TRANSPORTATION	2,763	91,604	429,568.35	4.69	1.739	155.47	8.15
AMBULANCES/AIR TRANS	957	9,856	140,267.32	14.23	.187	146.57	2.66
OTHER TRANS	1,578	77,077	257,492.49	3.34	1.463	163.18	4.89
OTHER SERVICES	506	4,671	31,808.54	6.81	.089	62.86	.60
ACUPUNCTURE	12	22	432.51	19.66	.000	36.04	.01
ADULT DAY HEALTH CARE CTR	324	4,963	344,054.50	69.32	.094	1061.90	6.53
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	115	272	30,163.91	110.90	.005	262.29	.57
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	944	2,185	34,075.16	15.60	.041	36.10	.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	243	806	4,962.36	6.16	.015	20.42	.09
PROSTHETIST/ORTHOTISTS	73	140	3,765.87	26.90	.003	51.59	.07
PROSTHETICS	66	132	3,428.10	25.97	.003	51.94	.07
ORTHOTICS	7	8	337.77	42.22	.000	48.25	.01
PSYCHOLOGIST	9	12	182.69	15.22	.000	20.30	.00
SPEECH AND AUDIOLOGY	301	653	37,191.13	56.95	.012	123.56	.71
HOSPICE SERVICES	100	1,548	153,905.69	99.42	.029	1539.06	2.92
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,088	280,061	87,352.50	.31	5.316	80.29	1.66
@CALIF. CHILDREN SERVICES*	3	3 \$	137.70	\$ 45.90	.000	\$ 45.90	\$.00
@XOVER EXCLUDING STATE HOSP**	11,304	371,585 \$		\$ 6.30	7.054	\$ 206.97	\$ 44.41
@* TOTALS IN THESE LINES ARE GIVE	'N AS A SEPARA'		ONLY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,037
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----334 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 55 7 6 0 1 1 0 15 0 636,028.24 \$ 39.58 48.117 \$ 2446.26 \$ 1904.28 16,071 260 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 99 1,869.09 \$ 18.88 .296 \$ 33.98 \$

 1,869.09
 \$
 18.88
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 198.36
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 5.60 28.34 .59 OUTPATIENT VISITS OFFICE VISITS 25.63 .46 .00 .00 HOME VISITS 44.60 EMERGENCY ROOM .13 .00 PREVENTIVE CARE .00 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT .00 .00 INPATIENT VISITS 34.38 1.24 0 0 .00 HOSPITAL VISITS .00 .00 .00 CRITICAL CARE 15 . 12 SNF/ICF/TRANS IP CARE 412.50 34.38 1.24 1 1 46.44 OPHTHALMOLOGICAL SERVICES .14 1 46.44 .14 EXAMINATIONS SERVICES AND MATERIALS .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1			56.34		56.34	.003		56.34		.17
PRINCIPAL SURGEON	1	1			56.34		56.34	.003		56.34		.17
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	2	4			20.78		5.20	.012		10.39		.06
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1			25.00		25.00	.003		25.00		.07
OTHER SERVICES/ALL X-OVERS	36	70			1,109.67		15.85	.210		30.82		3.32
@PHARMACY	205	9,347	\$		82,252.42	\$	8.80	27.985	\$	401.23	\$	246.26
PRESCRIPTION DRUGS	195	966	•		76,954.68	•	79.66	2.892	•	394.64	•	230.40
SNF/ICF	129	636			51,036.14		80.25	1.904		395.63		152.80
OUTPATIENTS	67	330			25,918.54		78.54	.988		386.84		77.60
MEDICAL SUPPLIES	47	8,381			5,297.74		.63	25.093		112.72		15.86
@DENTIST	21	92	\$		3,770.00	\$	40.98	.275	\$	179.52	\$	11.29
VISITS - DIAGNOSTIC	16	62	•		865.00	•	13.95	.186	•	54.06	•	2.59
ORAL SURGERY	7	16			462.00		28.88	.048		66.00		1.38
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	7			348.00		49.71	.021		174.00		1.04
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	7			2,095.00		299.29	.021		523.75		6.27
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITU	JRES	MONTH-0	OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	Ρź	AGE 3,038
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	R MEDICA	ALLY	NEEDY -	- BLIND							
								N	IONTI	HLY AVERA	GE ·	

FRESNO COUNTY	SUMMARY OF SERV	VICES FOR	MEDICALI	עו צי.	FFDX - BPIND							
								M	Γ NO	HLY AVERA	GE	
334 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3		7	\$	314.52	\$	44.93	.021	\$	104.84	\$.94
DIAGNOSTIC AND ANC. PROCED	1		1	•	47.45	•	47.45	.003		47.45		.14
EYE APPLIANCES	_ 3		6		267.07		44.51	.018		89.02		.80
OTHER OPTOMETRIC SERVICES	0		Ô		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		ñ	Ś	.00	Ś	.00	.000	Ś	.00	\$.00
VISITS	0		ñ	Ψ	.00	Ψ	.00	.000	٧	.00	٧	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	19		28	Ċ	125.13	Ś	4.47	.084	Ġ	6.59	\$.37
MEDICINE/INJECTIONS	1		1	Y	21.40	Ų	21.40	.003	Ÿ	21.40	Ÿ	.06
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
	0		0									
RADIO./PATHOLOGY	10		0		.00		.00	.000		.00		.00
OTHER	18		27		103.73		3.84	.081	4.	5.76	4.	.31
@HOME HEALTH AGENCY	0		0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	17		30	Ė	698.96	Ė	23.30	.090	Ś	41.12	Ė	2.09
HOSP INPATIENT TOTAL	0		0	•	.00	•	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
	· ·		•				, , ,					

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	17	30	698.96	23.30	.090	41.12	2.09	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	1	1	41.78	41.78	.003	41.78	.13	
PATHOLOGY	1	4	29.98	7.50	.012	29.98	.09	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	5	5	169.48	33.90	.015	33.90	.51	
CROSSOVERS/ALL OTH OUTPTNT	11	20	457.72	22.89	.060	41.61	1.37	
@COUNTY HOSPITAL TOTAL	1	1 \$	28.13	\$ 28.13	.003 \$			
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	1	28.13	28.13	.003	28.13	.08	
MEDICAL	1	1	.00	.00	.003	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	1	28.13	28.13	.003	28.13	.08	
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITO	ES AND EXPENDITURES					PAGE 3,039	
MOP024	FEE-FOR-SERVICE		MONIH-OF-PAIMENI R	EPORI FOR JAN 2	ZUUS IRKU DE	C 2003	01/29/04	
FRESNO COUNTY		ICES FOR MEDICALLY	MEEDY DIIND				01/29/04	
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLI	NEEDI - BLIND		MON	ית בודות אוודים	GE	
334 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER	
224 ELIGIPHES	USERS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	16	OR DAIS OF CARE 29 \$	670.83	\$ 23.13	.087 \$			
COMM HOSP INPATIENT TOTAL	0	29 Ş 0	.00	ş 23.13 .00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
TIOC ITOSETIANS	U	U	.00		. 000	. 00		

					MOINI	THE AVERAGE	
334 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	29 \$	670.83	\$ 23.13	.087 \$	41.93 \$	2.01
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16	29	670.83	23.13	.087	41.93	2.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	41.78	41.78	.003	41.78	.13
PATHOLOGY	1	4	29.98	7.50	.012	29.98	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	5	169.48	33.90	.015	33.90	.51
CROSSOVERS/ALL OTH OUTPINT	10	19	429.59	22.61	.057	42.96	1.29
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	132	4,051	\$ 465,489.70	\$	114.91	12.129	\$ 3526.44	\$ 1393.68
LEV A-INTERMEDIATE	0	0	.00	-	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
LEV B-REGULAR	132	4,051	465,489.70		114.91	12.129	3526.44	1393.68
@INTERMEDIATE CARE FACILDD	16	489	\$ 70,587.59	\$	144.35	1.464	\$ 4411.72	\$ 211.34
ICF DDH	12	381	51,678.27		135.64	1.141	4306.52	154.73
ICF DD	0	0	.00		.00	.000	.00	.00
ICF DDN/DDCN	4	108	18,909.32		175.09	.323	4727.33	56.61
@HEMODIALYSIS TOTAL	2	3	\$ 754.51	\$	251.50	.009	\$ 377.26	\$ 2.26
HOSPITAL BASED	0	0	.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	2	3	754.51		251.50	.009	377.26	2.26
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	2	5 \$	48.94	\$ 9.79	.015	\$ 24.47	\$.15
PATHOLOGY	2	5	48.94	9.79	.015	24.47		.15
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	3 \$	305.68	\$ 101.89	.009	\$ 152.84	\$.92
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	2	3	305.68	101.89	.009	152.84		.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	1 2003 THRU I	DEC 2003	PAGE	3,040
MOP024	FEE-FOR-SERVICE/DENT	AL					01/	/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY NE	EDY - BLIND					
					MC	ONTHLY AVERAG	GE	
334 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	S COST PER	COST	PER
	OR	DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGI	BLE
@ALL OTHER PROVIDERS	49	1,917 \$	9,811.70	\$ 5.12	5.740	\$ 200.24	\$ 29	9.38
DURABLE MED. EOUIP.	4	12	3.961.12	330.09	.036	990.28	11	.86

334 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	49	1,917 \$	9,811.70	\$ 5.12	5.740		
DURABLE MED. EQUIP.	4	12	3,961.12	330.09	.036	990.28	11.86
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	23	833	3,417.68	4.10	2.494	148.59	10.23
AMBULANCES/AIR TRANS	6	30	713.37	23.78	.090	118.90	2.14
OTHER TRANS	16	757	2,263.19	2.99	2.266	141.45	6.78
OTHER SERVICES	6	46	441.12	9.59	.138	73.52	1.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	3	58.04	19.35	.009	29.02	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	8	3.00	.38	.024	1.50	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	30	1,225.85	40.86	.090	122.59	3.67
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	235	619.66	2.64	.704	309.83	1.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	796	526.35	.66	2.383	75.19	1.58
@CALIF. CHILDREN SERVICES*	3	3 \$	77.41	\$ 25.80	.009	\$ 25.80	\$.23
@XOVER EXCLUDING STATE HOSP**	84	5,391 \$	4,957.94	\$.92	16.141	\$ 59.02	\$ 14.84

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,041
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

							MOI	NTHLY AVERA	AGE	
25,416 ELIGIBLES	USERS	UNITS OF SERVICE	£.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	€		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	22,607	897,462	\$	40,660,808.23	\$	45.31	35.311	1798.59	\$	1599.81
@PHYSICIANS SERVICES	7,293	50,893	\$	1,437,625.27	\$	28.25	2.002	197.12	\$	56.56
OUTPATIENT VISITS	2,573	4,229		169,508.30		40.08	.166	65.88		6.67
OFFICE VISITS	1,365	1,992		64,231.09		32.24	.078	47.06		2.53
HOME VISITS	12	14		751.40		53.67	.001	62.62		.03
EMERGENCY ROOM	859	1.195		82.781.05		69.27	.047	96.37		3.26

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	14	397.54	28.40	.001	132.51	.02
OTHER OUTPATIENT	656	1,014	21,347.22		.040	32.54	.84
INPATIENT VISITS	1,213	6,115	243,998.03		.241	201.15	9.60
HOSPITAL VISITS	789	4,441	169,942.26		.175	215.39	6.69
CRITICAL CARE	71	210	24,021.27		.008	338.33	.95
SNF/ICF/TRANS IP CARE	447	1,464	50,034.50		.058	111.93	1.97
OPHTHALMOLOGICAL SERVICES	129	149	6,504.74	43.66	.006	50.42	.26
EXAMINATIONS	129	149	6,504.74	43.66	.006	50.42	.26
SERVICES AND MATERIALS	0	0	.00		.000	.00	.00
INPATIENT HOSPITAL SURGERY	474	2,153	272,292.85		.085	574.46	10.71
	400	1,265	245,648.30		.050	580.73	9.67
ACCICEANE CURCEON	423					242.47	
ASSISTANT SURGEON	48	61	11,638.34		.002		. 46
ANESTHESIOLOGIST	6.3	827	15,006.21		.033	238.19	.59
OUTPATIENT SURGERY	399	895	92,832.18		.035	232.66	3.65
PRINCIPAL SURGEON	369	487	84,546.61		.019	229.12	3.33
ASSISTANT SURGEON	4	7	1,454.21	207.74	.000	363.55	.06
ANESTHESIOLOGIST	47	401	6,831.36		.016	145.35	.27
DIALYSIS	202	829	64,451.03		.033	319.06	2.54
PATHOLOGY	562	1,746	30,052.64		.069	53.47	1.18
RADIOLOGY	1 202	4,543	144,766.47		.179	103.92	5.70
RADIOLOGI	423 48 63 399 369 4 47 202 562 1,393	•			.000		
PSICHIAIRI	5	6	176.26			35.25	.01
IMMUNIZATION AND INJECTION	163	4,776	156,111.30		.188	957.74	6.14
OTHER SERVICES/ALL X-OVERS	3,681	25,452	256,931.47		1.001	69.80	10.11
@PHARMACY	16,824		\$ 7,108,415.08		12.546 \$	422.52	
PRESCRIPTION DRUGS	16,417	84,662	6,737,611.38		3.331	410.40	265.09
SNF/ICF	3,601	22,127	1,608,306.83		.871	446.63	63.28
OUTPATIENTS	3,601 12,982 2,741 1.871	62,535	5,129,304.55	82.02	2.460	395.11	201.81
MEDICAL SUPPLIES	2,741	234,204	370,803.70	1.58	9.215	135.28	14.59
@DENTIST	1,871		\$ 355,771.10		.322 \$	190.15	
VISITS - DIAGNOSTIC	1,871 1,252 293 2 6 228 79 462 19	4,656	56,999.07		.183	45.53	2.24
ORAL SURGERY	293	1,002	53,890.45		.039	183.93	2.12
DRUGS	2	2	30.00		.000	15.00	.00
ANESTHESIA	6	6	500.00		.000	83.33	.02
DEDIODOMETOS	220	247	30,900.50		.010	135.53	1.22
PERIODONTICS	220	119					
ENDODONTICS	19		25,135.50		.005	318.17	.99
RESTORATIVE DENTISTRY	462	1,364	107,691.25		.054	233.10	4.24
PROSTHETICS	19	19	480.00		.001	25.26	.02
DENTURES, STAYPLATES	222	724	79,332.00		.028	357.35	3.12
SPACE MAINTAINERS	462 19 222 0 5	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	5	5	762.33		.000	152.47	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	3	50.00	16.67	.000	25.00	.00
ALL OTHER SERVICES	25	40	.00		.002	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE:	S MONTH-OF-PAYMENT				PAGE 3,042
MOP024	FEE-FOR-SERVICE			1.21 0111 1 011 0121	2005 11110 520	2005	01/29/04
FRESNO COUNTY		ICES FOR MEDICALL	V NEEDV - DISABLED				01/25/01
PRESNO COUNTI	SOMMAKI OF SERV	ICES FOR MEDICALL	I NEEDI DISABBED		MONT	א משווא עוטיי	그다
25,416 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	MITTINGE COCT	UNITS/DAYS		COST PER
25,410 EDIGIBLES	OSEKS		EXPENDITORES				
O O D TTO M T T T T T	405	OR DAYS OF CARE	÷ 00 505 55	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	485		\$ 28,785.57		.053 \$	59.35	\$ 1.13
DIAGNOSTIC AND ANC. PROCED	223	227	10,184.72		.009	45.67	.40
EYE APPLIANCES	357	1,029	17,163.25		.040	48.08	.68
OTHER OPTOMETRIC SERVICES	56	95	1,437.60		.004	25.67	.06
@CHIROPRACTOR	37	65	\$ 1,084.28	\$ 16.68	.003 \$	29.30	\$.04
VISITS	36	63	1,050.84		.002	29.19	.04
OTHER SERVICES	2	2	33.44		.000	16.72	.00
@PODIATRIST	570		\$ 9,656.66		.030 \$	16.94	
MEDICINE/INJECTIONS	85	93	2,594.13		.004	30.52	.10
SURGERY/ANES.	5	5	47.25		.000	9.45	.00
SORGERY / THIES.	5	5	47.23	7.43	.000	2.43	.00

RADIO./PATHOLOGY	6	8	138.40	17.30	.000	23.07	.01
OTHER	493	660	6,876.88	10.42	.026	13.95	.27
@HOME HEALTH AGENCY	142	10,518 \$	341,933.79	\$ 32.51	.414	2407.98	\$ 13.45
NURSE ANESTHESIST	7	41 \$	581.95	\$ 14.19	.002		\$.02
NURSE MIDWIFE	0	0 \$.00	\$.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	13	19 \$	498.17	\$ 26.22	.001		\$.02
@TOTAL HOSPITAL	4,595	39,708 \$	9,523,533.53	\$ 239.84	1.562		\$ 374.71
	933	, 1					341.97
HOSP INPATIENT TOTAL	933	9,561	8,691,462.48	909.05	.376	9315.61	
HSC HOSPITALS	728 73	7,767	8,006,108.02	1030.79	.306	10997.40	315.00
NON-HSC HOSPITAL TOTAL	73	761	561,104.22	737.32	.030	7686.36	22.08
ACCOMMODATIONS	73	761	208,918.77	274.53	.030	2861.90	8.22
ADMINISTRATIVE DAYS	41	575	131,256.14	228.27	.023	3201.37	5.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	33	186	77,662.63	417.54	.007	2353.41	3.06
ANCILLARIES	73 41 0 33 73 147 0 3,994 663 167	0	352,185.45	.00	.000	4824.46	13.86
INPATIENT CROSSOVERS	147	1,033	124,250.24	120.28	.041	845.24	4.89
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3.994	30,147	832,071.05	27.60	1.186	208.33	32.74
MEDICAL	663	1,288	63,855.45	49.58	.051	96.31	2.51
SURGERY	167	211	11,108.13	52.65	.008	66.52	.44
PATHOLOGY	1,339	7,267	80,593.17	11.09	.286	60.19	3.17
RADIOLOGY	803	1,919	159,069.60	82.89	.076	198.09	6.26
ROOM USE							
	1,755	3,614	146,233.43	40.46	.142	83.32	5.75
CROSSOVERS/ALL OTH OUTPTNT		15,848	371,211.27	23.42	.624	148.84	14.61
@COUNTY HOSPITAL TOTAL	23	80 \$	22,356.77	\$ 279.46	.003		
CO HOSPITAL INPATIENT TOTAL	4	16	20,564.00	1285.25	.001	5141.00	.81
HSC HOSPITALS	4	16	20,564.00	1285.25	.001	5141.00	.81
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0 0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	64	1,792.77	28.01	.003	89.64	.07
MEDICAL	7	8	346.75	43.34	.000	49.54	.01
SURGERY	2	3	165.27	55.09	.000	82.64	.01
PATHOLOGY	5	10	82.46	8.25	.000	16.49	.00
RADIOLOGY	2	3	88.96	29.65	.000	44.48	.00
	12	15	659.25	43.95	.001	54.94	.03
ROOM USE							
CROSSOVERS/ALL OTH OUTPTNT	8	25	450.08	18.00	.001	56.26	.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DI	EC 2003	PAGE 3,043
MOP024	FEE-FOR-SERVICE						01/29/04
FRESNO COUNTY							
	SUMMARY OF SERV.	ICES FOR MEDICALLY	NEEDI - DISABLED				
05 416							GE
25,416 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		T UNITS/DAYS	COST PER	COST PER
·	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	T UNITS/DAYS Y PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	USERS 4,581	UNITS OF SERVICE OR DAYS OF CARE 39,628 \$	EXPENDITURES 9,501,176.76	PER UNIT/DAY \$ 239.76	T UNITS/DAYS Y PER ELIG 1.559	COST PER USER 2074.04	COST PER ELIGIBLE \$ 373.83
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 4,581 930	UNITS OF SERVICE OR DAYS OF CARE 39,628 \$ 9,545	EXPENDITURES 9,501,176.76 8,670,898.48	PER UNIT/DAY \$ 239.76 908.42	T UNITS/DAYS Y PER ELIG 1.559 S .376	COST PER USER 2074.04 9323.55	COST PER ELIGIBLE \$ 373.83 341.16
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 4,581 930 725	UNITS OF SERVICE OR DAYS OF CARE 39,628 \$ 9,545 7,751	EXPENDITURES 9,501,176.76 8,670,898.48 7,985,544.02	PER UNIT/DAY \$ 239.76 908.42 1030.26	T UNITS/DAYS Y PER ELIG 1.559 S .376 .305	COST PER USER 2074.04 9323.55 11014.54	COST PER ELIGIBLE \$ 373.83 341.16 314.19
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 4,581 930 725 73	UNITS OF SERVICE OR DAYS OF CARE 39,628 \$ 9,545 7,751 761	EXPENDITURES 9,501,176.76 8,670,898.48 7,985,544.02 561,104.22	PER UNIT/DAY \$ 239.76 908.42 1030.26 737.32	F UNITS/DAYS Y PER ELIG 1.559 \$.376 .305 .030	COST PER USER 2074.04 9323.55 11014.54 7686.36	COST PER ELIGIBLE \$ 373.83 341.16 314.19 22.08
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 4,581 930 725	UNITS OF SERVICE OR DAYS OF CARE 39,628 \$ 9,545 7,751	EXPENDITURES 9,501,176.76 8,670,898.48 7,985,544.02 561,104.22 208,918.77	PER UNIT/DAY \$ 239.76 908.42 1030.26 737.32 274.53	T UNITS/DAYS Y PER ELIG 1.559 S .376 .305	COST PER USER 2074.04 9323.55 11014.54 7686.36 2861.90	COST PER ELIGIBLE \$ 373.83 341.16 314.19 22.08 8.22
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 4,581 930 725 73	UNITS OF SERVICE OR DAYS OF CARE 39,628 \$ 9,545 7,751 761	EXPENDITURES 9,501,176.76 8,670,898.48 7,985,544.02 561,104.22	PER UNIT/DAY \$ 239.76 908.42 1030.26 737.32	F UNITS/DAYS Y PER ELIG 1.559 \$.376 .305 .030	COST PER USER 2074.04 9323.55 11014.54 7686.36	COST PER ELIGIBLE \$ 373.83 341.16 314.19 22.08
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 4,581 930 725 73 73	UNITS OF SERVICE OR DAYS OF CARE 39,628 \$ 9,545 7,751 761 761	EXPENDITURES 9,501,176.76 8,670,898.48 7,985,544.02 561,104.22 208,918.77	PER UNIT/DAY \$ 239.76 908.42 1030.26 737.32 274.53	F UNITS/DAYS Y PER ELIG 1.559 \$.376 .305 .030 .030	COST PER USER 2074.04 9323.55 11014.54 7686.36 2861.90	COST PER ELIGIBLE \$ 373.83 341.16 314.19 22.08 8.22
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 4,581 930 725 73 73 41	UNITS OF SERVICE OR DAYS OF CARE 39,628 \$ 9,545 7,751 761 761 575	EXPENDITURES 9,501,176.76 8,670,898.48 7,985,544.02 561,104.22 208,918.77 131,256.14	PER UNIT/DAY \$ 239.76 908.42 1030.26 737.32 274.53 228.27	T UNITS/DAYS Y PER ELIG 1.559 \$.376 .305 .030 .030 .023	COST PER USER 2074.04 9323.55 11014.54 7686.36 2861.90 3201.37	COST PER ELIGIBLE \$ 373.83 341.16 314.19 22.08 8.22 5.16
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 4,581 930 725 73 73 41 0	UNITS OF SERVICE OR DAYS OF CARE 39,628 \$ 9,545 7,751 761 761 575 0	EXPENDITURES 9,501,176.76 8,670,898.48 7,985,544.02 561,104.22 208,918.77 131,256.14 .00 77,662.63	PER UNIT/DAY \$ 239.76 908.42 1030.26 737.32 274.53 228.27 .00 417.54	T UNITS/DAYS Y PER ELIG 1.559 S .376 .305 .030 .030 .023 .000 .007	COST PER USER 2074.04 9323.55 11014.54 7686.36 2861.90 3201.37 .00 2353.41	COST PER ELIGIBLE \$ 373.83 341.16 314.19 22.08 8.22 5.16 .00 3.06
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 4,581 930 725 73 41 0 33 73	UNITS OF SERVICE OR DAYS OF CARE 39,628 \$ 9,545 7,751 761 761 575 0 186 0	EXPENDITURES 9,501,176.76 8,670,898.48 7,985,544.02 561,104.22 208,918.77 131,256.14 .00 77,662.63 352,185.45	PER UNIT/DAY \$ 239.76 908.42 1030.26 737.32 274.53 228.27 .00 417.54 .00	T UNITS/DAYS Y PER ELIG 1.559 S .376 .305 .030 .030 .023 .000 .007	COST PER USER 2074.04 9323.55 11014.54 7686.36 2861.90 3201.37 .00 2353.41 4824.46	COST PER ELIGIBLE \$ 373.83 341.16 314.19 22.08 8.22 5.16 .00 3.06 13.86
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 4,581 930 725 73 73 41 0 33	UNITS OF SERVICE OR DAYS OF CARE 39,628 \$ 9,545 7,751 761 761 575 0 186	EXPENDITURES 9,501,176.76 8,670,898.48 7,985,544.02 561,104.22 208,918.77 131,256.14 .00 77,662.63	PER UNIT/DAY \$ 239.76 908.42 1030.26 737.32 274.53 228.27 .00 417.54	T UNITS/DAYS Y PER ELIG 1.559 S .376 .305 .030 .030 .023 .000 .007	COST PER USER 2074.04 9323.55 11014.54 7686.36 2861.90 3201.37 .00 2353.41	COST PER ELIGIBLE \$ 373.83 341.16 314.19 22.08 8.22 5.16 .00 3.06

COMM HOSP OUTPATIENT TOTAL	3,982	30,083		830,278.28		27.60	1.184		208.51		32.67
MEDICAL	656	1,280		63,508.70		49.62	.050		96.81		2.50
SURGERY	1.05	208		10,942.86		52.61	.008		66.32		.43
PATHOLOGY	1.334	7.257		80,510.71		11.09	.286		60.35		3.17
DADTOLOGY	1,334 801	1,916		158,980.64		82.98	.075		198.48		6.26
POOM HIGE	1 746	3,599		145,574.18		40.45	.142		83.38		5.73
	2 490	15,823		370,761.19		23.43	.623		148.90		14.59
RADIOLOGI ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	2,490	269	\$	152,952.96	\$.011	ė,	38238.24	بع	6.02
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	269		152,952.96		568.60	.011		38238.24		6.02
ONLIGHT ENGLISHED	4 0 4 2,611		\$		\$					۲,	
@NURSING FACILITY	2,611	81,189 0	Þ	12,281,174.48	Ş			Þ	4703.63	Þ	483.21
LEV A-INTERMEDIATE	0 12 120	_		.00		.00	.000		.00		.00
LEV B-REHAB MD	12	365		41,870.03		114.71	.014		3489.17		1.65
LEV B-SUBACUTE FREESTANDING	120	3,965		1,381,833.87		348.51	.156		11515.28		54.37
LEV B-SUBACUTE HSPTL BASED	215 0 2,274	7,170		3,281,266.73		457.64	.282		15261.71		129.10
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,274	69,689		7,576,203.85		108.71	2.742		3331.66		298.09
@INTERMEDIATE CARE FACILDD		52,591	\$	7,336,945.46	\$	139.51		\$	4288.10	\$	288.67
ICF DDH	1,260	39,226		5,104,875.67		130.14	1.543		4051.49		200.85
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	451	13,365		2,232,069.79		167.01	.526		4949.16		87.82
@HEMODIALYSIS TOTAL	477	10,574	\$	723,623.88	\$	68.43	.416	\$	1517.03	\$	28.47
HOSPITAL BASED	48	157		169,971.14		1082.62	.006		3541.07		6.69
HEMODIALYSIS CENTER	434	10,417		553,652.74		53.15	.410		1275.70		21.78
@INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	88	543	\$	11,544.08	\$	21.26	.021	\$	131.18	\$.45
HOSPITAL BASED	56	366		8,287.43		22.64	.014		147.99		.33
INDEPENDENT FACILITY	32	177		3,256.65		18.40	.007		101.77		.13
@LABORATORY FACILITY	802	4,645	\$	48,728.89	\$	10.49	.183	\$	60.76	\$	1.92
PATHOLOGY	793	4,630		48,602.03		10.50	.182		61.29		1.91
XO AND OTHERS	9	15		126.86		8.46	.001		14.10		.00
@ORGANIZED OUTPATIENT CLINIC	1,359	2,710	\$	199,744.86	\$	73.71	.107	\$	146.98	\$	7.86
CLINIC	53	166	·	3,547.01	·	21.37	.007	·	66.92	•	.14
SURGICENTER	37	139		6,909.28		49.71	.005		186.74		.27
HEROIN DETOX CLINIC	9	134		1,455.99		10.87	.005		161.78		.06
RURAL HEALTH CLINIC	1,268	2,271		187,832.58		82.71	.089		148.13		7.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		ES	MONTH-OF-PAYMENT F	REPOR			DEC		P	AGE 3,044
MOP024	FEE-FOR-SERVICE			01 11111111111111111111111111111	010				2005		01/29/04
FRESNO COUNTY		VICES FOR MEDICAL	T.V	NEEDY - DISABLED							01/25/01
INDINO COOMII	BOMMET OF BLICK	VICES FOR MEDICAL	1111	NEEDI DIGNEED			M	ONT	HIV VAREA	GE .	
25,416 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST			COST PER		COST PER
·		OR DAYS OF CARE		EMPLIONES		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	A 12A	314,525	, ;	1,098,149.26	\$		12.375				43.21
DURABLE MED. EQUIP.	306	1,708	Ą	273,988.57	Ą	160.41	.067	ų	895.39	ų	10.78
BIOUD BANK	4,134 306	1,708		273,988.57			007				10.78

25,416 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,134	314,525 \$	1,098,149.26	\$ 3.49	12.375 \$	265.64	\$ 43.21
DURABLE MED. EQUIP.	306	1,708	273,988.57	160.41	.067	895.39	10.78
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	23	32	8,727.21	272.73	.001	379.44	.34
MEDICAL TRANSPORTATION	1,381	46,449	265,852.24	5.72	1.828	192.51	10.46
AMBULANCES/AIR TRANS	828	11,328	139,465.96	12.31	.446	168.44	5.49
OTHER TRANS	460	33,246	109,810.92	3.30	1.308	238.72	4.32
OTHER SERVICES	176	1,875	16,575.36	8.84	.074	94.18	.65
ACUPUNCTURE	3	5	91.91	18.38	.000	30.64	.00
ADULT DAY HEALTH CARE CTR	140	2,055	142,667.82	69.42	.081	1019.06	5.61
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	28	75	10,739.70	143.20	.003	383.56	.42
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	629	1,471	18,703.59	12.71	.058	29.74	.74
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	53	155	2,517.99	16.25	.006	47.51	.10
PROSTHETIST/ORTHOTISTS	80	272	26,358.05	96.90	.011	329.48	1.04
PROSTHETICS	79	270	26,286.53	97.36	.011	332.74	1.03
ORTHOTICS	1	2	71.52	35.76	.000	71.52	.00

PSYCHOLOGIST	8	22	604.90	27.50	.001	75.61	.02
SPEECH AND AUDIOLOGY	638	2,589	108,098.83	41.75	.102	169.43	4.25
HOSPICE SERVICES	31	703	85,664.53	121.86	.028	2763.37	3.37
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	278	7,262	40,318.48	5.55	.286	145.03	1.59
EPSDT SUPPLEMENTAL SERVICE	6	509	12,347.84	24.26	.020	2057.97	.49
RESPIRATORY CARE PRACT.	2	2	58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	910	251,217	101,362.60	.40	9.884	111.39	3.99
@CALIF. CHILDREN SERVICES*	232	15,100	\$ 285,954.35	\$ 18.94	.594	\$ 1232.56	\$ 11.25
@XOVER EXCLUDING STATE HOSP**	4,960	103,723	\$ 929,792.39	\$ 8.96	4.081	\$ 187.46	\$ 36.58

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,045 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

372,978 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@ODEOMETED I CE	1 452	4 260	4	102 610 22	4	24 27	011	4	71 21	4	2.0
@OPTOMETRIST	1,453		\$	103,618.22	\$	24.27	.011	Þ	71.31	Ş	.28
DIAGNOSTIC AND ANC. PROCED	1,232	1,238		57,720.94		46.62	.003		46.85		.15
EYE APPLIANCES	1,047	2,994		44,660.35		14.92	.008		42.66		.12
OTHER OPTOMETRIC SERVICES	34	37	_	1,236.93	_	33.43	.000		36.38		.00
@CHIROPRACTOR	1,224		\$	34,177.92	\$	16.61	.006	\$	27.92	Ş	.09
VISITS	1,224	2,058		34,177.92		16.61	.006		27.92		.09
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	94		\$	5,468.23	\$	36.45	.000	\$	58.17	\$.01
MEDICINE/INJECTIONS	88	98		3,342.84		34.11	.000		37.99		.01
SURGERY/ANES.	4	4		63.00		15.75	.000		15.75		.00
RADIO./PATHOLOGY	11	12		207.60		17.30	.000		18.87		.00
OTHER	17	36		1,854.79		51.52	.000		109.11		.00
@HOME HEALTH AGENCY	200		\$	181,017.92	\$	33.29	.015	\$	905.09	\$.49
NURSE ANESTHESIST	243	1,124	\$	27,831.01	\$	24.76	.003	\$	114.53	\$.07
NURSE MIDWIFE	13	33	\$	3,383.74	\$	102.54	.000	\$	260.29	\$.01
PEDIATRIC NURSE PRACTITIONER	2	8	\$	163.37	\$	20.42	.000	\$	81.69	\$.00
FAMILY NURSE PRACTITIONER	223	448	\$	11,960.27	\$	26.70	.001	\$	53.63	\$.03
@TOTAL HOSPITAL	38,469	174,271	\$	31,681,930.22	\$	181.80	.467	\$	823.57	\$	84.94
HOSP INPATIENT TOTAL	5,055	20,615		27,582,797.55		1338.00	.055		5456.54		73.95
HSC HOSPITALS	4,274	17,993		24,507,960.80		1362.08	.048		5734.20		65.71
NON-HSC HOSPITAL TOTAL	801	2,622		3,072,725.01		1171.90	.007		3836.11		8.24
ACCOMMODATIONS	782	2,622		1,059,339.84		404.02	.007		1354.65		2.84
ADMINISTRATIVE DAYS	24	121		28,006.05		231.45	.000		1166.92		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	758	2,501		1,031,333.79		412.37	.007		1360.60		2.77
ANCILLARIES	799	0		2,013,385.17		.00	.000		2519.88		5.40
INPATIENT CROSSOVERS	3	0		2,111.74		.00	.000		703.91		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	35,733	153,656		4,099,132.67		26.68	.412		114.72		10.99
MEDICAL	5,406	8,317		357,465.16		42.98	.022		66.12		.96
SURGERY	2,329	3,314		145,067.12		43.77	.009		62.29		.39
PATHOLOGY	13,817	46,178		631,734.20		13.68	.124		45.72		1.69
RADIOLOGY	6,589	9,023		654,215.03		72.51	.024		99.29		1.75
ROOM USE	24,362	35,672		1,391,500.69		39.01	.096		57.12		3.73
CROSSOVERS/ALL OTH OUTPINT	17,626	51,152		919,150.47		17.97	.137		52.15		2.46
@COUNTY HOSPITAL TOTAL	93		\$	106,122.10	\$	285.27		Ġ	1141.10	Ś	.28
CO HOSPITAL INPATIENT TOTAL	16	76	Υ	95,761.15	٧	1260.02	.000	٧	5985.07	Y	.26
HSC HOSPITALS	16	76 76		95,761.15		1260.02	.000		5985.07		.26
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
	82	296									.00
CO HOSP OUTPATIENT TOTAL	13	296 19		10,360.95		35.00	.001		126.35		.03
MEDICAL	6	6		706.43		37.18	.000		54.34		.00
SURGERY				269.23		44.87	.000		44.87		.00
PATHOLOGY	28	120		1,448.32		12.07	.000		51.73		.00
RADIOLOGY	16	23		1,239.69		53.90	.000		77.48		.00
ROOM USE	50	64		2,572.47		40.19	.000		51.45		.01
CROSSOVERS/ALL OTH OUTPINT	41	64	~	4,124.81		64.45	.000	~	100.61		.01
		ES AND EXPENDITURE:	S MC	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2003 THRU .	DEC	2003	PA	GE 3,047
	FEE-FOR-SERVICE										01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MEDICALL	Y NE	EEDY - FAMILIES			= =	o		a =	
272 070 81 12151 52	110770	INITES OF SERVICE				TD 1 CC C	M				
372,978 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					OST PER
OCOMMINITELY HOOPTERS. TOTAL	20 200	OR DAYS OF CARE	4	21 575 000 10		R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	38,390	173,899	\$	31,575,808.12	\$	181.58	.466	Ş	822.50	Ş	84.66

COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-EHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY	5,040	20,539	27,487,036.40	1338.29	.055	5453.78	73.70
HSC HOSPITALS	4,259	17,917	24,412,199.65	1362.52	.048	5731.91	65.45
NON-HSC HOSPITALS TOTAL	801	2,622	3,072,725.01	1171.90	.007	3836.11	8.24
ACCOMMODATIONS	782	2,622	1,059,339.84	404.02	.007	1354.65	2.84
ADMINISTRATIVE DAYS	24	121	28,006.05	231.45	.000	1166.92	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	758	2,501	1,031,333.79	412.37	.007	1360.60	2.77
ANCILLARIES	799	0	2,013,385.17	.00	.000	2519.88	5.40
INPATIENT CROSSOVERS	3	0	2,111.74	.00	.000	703.91	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35,661	153,360	4,088,771.72	26.66	.411	114.66	10.96
MEDICAL	5.393	8.298	356,758,73	42.99	.022	66.15	. 96
SURGERY	2.323	3.308	144.797.89	43.77	.009	62.33	.39
PATHOLOGY	13.790	46.058	630.285.88	13.68	.123	45.71	1.69
RADIOLOGY	6.576	9.000	652.975.34	72.55	.024	99.30	1.75
ROOM USE	24.314	35.608	1.388.928.22	39.01	.095	57.12	3.72
CROSSOVERS/ALL OTH OUTPTNT	17 587	51 088	915 025 66	17 91	137	52 03	2.45
@STATE HOSPITAI.	1,730,	0 \$	00	\$ 00	000 \$	00	\$ 00
MENTALLY TIL.	0	0 \$	00	00	000 \$.00	00
DEVELOP DISABLED	0	0	00	00	000	.00	00
@NUPSING FACILITY	36	1 077 ¢	368 804 25	342 44	.000	10244 56	ċ 99
WINDERSTAG PACIFITI	0	1,077 \$	000,004.25	7 242.44	.003 \$	10244.50	,
TEV A-INIEKMEDIALE	0	0	.00	.00	.000	.00	.00
TEV D_CIIDACIITE EDEECTANDING	Q	111	57 207 07	502 61	.000	7162 25	15
TEV D-SUBACUTE PREBLANDING	1 2	507	252 002 05	100.01	.000	10461 07	.13
TEA B-20BACATE USAIT ID CADE	13	50 /	252,993.95	499.00	.001	19401.07	.00
LEV B-IRANSIIIONAL IP CARE	16	456	.00 E0 E10 22	120 22	.000	2657 02	16
DEV B-REGULAR	14	416	30,314.33 150 503 04	± 261.00	.001	107EE 00	.10
WINIERMEDIATE CARE FACILDD	14	416 \$	150,563.64	\$ 20T.30	.001 \$	10/55.99	Ş .40
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD (DDCM	1.4	41.6	150 502 04	261 00	.000	10755 00	.00
ICF DDN/DDCN	120	416	150,583.84	361.98	.001	10/55.99	.40
@HEMODIALYSIS TOTAL	129	1,385 \$	288,618.83	\$ 208.39	.004 \$	2237.36	\$.77
HOSPITAL BASED	71	1 224	233,301.17	1449.45	.000	3280.78	.03
HEMODIALYSIS CENTER	62	1,224	55,25/.00	45.15	.003	891.25	.15
@REHABILITATION FACILITY	499	2,/25 \$	65,16/.31	\$ 23.91	.007 \$	130.60	\$.17
HUSPITAL BASED	356	1,6/8	48,655.38	29.00	.004	136.67	.13
INDEPENDENT FACILITY	143	1,04/	16,511.93	15.//	.003	115.4/	.04
@LABORATORY FACILITY	/,/0/	25,895 \$	3/5,81/.39	\$ 14.51	.069 \$	48.76	\$ 1.01
PATHOLOGY	7,670	25,851	3/3,199.39	14.44	.069	48.66	1.00
XO AND OTHERS	4 /	125 500 4	2,618.00	59.50	.000	55.70	.UL
@ORGANIZED OUTPATIENT CLINIC	88,404	137,720 \$	11,852,061.79	\$ 86.06	.369 \$	134.07	\$ 31.78
CLINIC	1,096	4,263	103,2/3.56	24.23	.011	94.23	. 28
SURGICENTER	69	3/2	32,7/5.84	88.11	.001	4/5.01	.09
HEROIN DETOX CLINIC	46	598	6,628.04	11.08	.002	144.09	.02
RURAL HEALTH CLINIC	8/,299	132,48/	11,/09,384.35	88.38	.355	134.13	31.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT R.	EPORT FOR JAN 2	2003 THRU DEC	C 2003	PAGE 3,048
MOPUZ4	FEE-FOR-SERVICE	E/DENTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY	NEEDY - FAMILIES		MONT	miii 17 - 3 1 7 m 3 7	7.0
250 050 51 16151 56					MON'	THLY AVERAC	jE
372,978 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						USER	ELIGIBLE
@ALL OTHER PROVIDERS	49,122	241,359 \$		\$ 9.89	.647 \$		
DURABLE MED. EQUIP.	399	1,150	132,984.21	115.64	.003	333.29	.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2,316	27,228	381,250.64	14.00	.073	164.62	1.02
AMBULANCES/AIR TRANS	2,305	26,944	312,326.18	11.59	.072	135.50	.84
OTHER TRANS	9	241	570.77	2.37	.001	63.42	.00
OTHER SERVICES	43	43	68,353.69	1589.62	.000	1589.62	.18
ACUPUNCTURE	74	137	2,589.68	18.90	.000	35.00	.01

ADULT DAY HEALTH CARE CTR	25	378	26,267.34	69.49	001	1050.69	.07
GENETIC DISEASE TESTING	2,753	2,759	284,413.50	103.09	007	103.31	.76
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	000	.00	.00
OPTICIAN	11,480	24,720	241,040.95	9.75	066	21.00	.65
PHYSICAL THERAPIST	88	276	15,143.82	54.87	001	172.09	.04
PORTABLE X-RAY	2	7	159.20	22.74	000	79.60	.00
PROSTHETIST/ORTHOTISTS	1,134	2,486	162,096.21	65.20	007	142.94	.43
PROSTHETICS	463	1,630	84,016.34	51.54	004	181.46	.23
ORTHOTICS	847	856	78,079.87	91.21	002	92.18	.21
PSYCHOLOGIST	1	4	275.41	68.85	000	275.41	.00
SPEECH AND AUDIOLOGY	37	79	14,113.58	178.65	000	381.45	.04
HOSPICE SERVICES	2	8	4,273.40	534.18	000	2136.70	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	000	.00	.00
LOCAL EDUCATION AGENCIES	31,367	107,532	1,081,545.47	10.06	288	34.48	2.90
EPSDT SUPPLEMENTAL SERVICE	2	474	11,575.08	24.42	001	5787.54	.03
RESPIRATORY CARE PRACT.	0	0	.00	.00	000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	000	.00	.00
ALL OTHER PROVIDERS	90	74,121	28,583.13	.39	199	317.59	.08
@CALIF. CHILDREN SERVICES*	7,120	132,195	\$ 17,095,328.78	\$ 129.32	354	\$ 2401.03	\$ 45.83
@XOVER EXCLUDING STATE HOSP**	107	365	\$ 24,366.13	\$ 66.76	001	\$ 227.72	\$.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEI MOP024 FE

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,049 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

FRESNO COUNTI	SUMMARI OF SER	VICES FOR MEDICALLI	NEEDI - IOIAL				
					MON		
451,406 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	341,166	3,810,713 \$	181,036,865.88	\$ 47.51	8.442 \$		
@PHYSICIANS SERVICES	58,459	229,908 \$	9,933,034.59	\$ 43.20	.509 \$		
OUTPATIENT VISITS	32,545	70,989	2,261,435.42	31.86	.157	69.49	5.01
OFFICE VISITS	11,767	15,346	520,371.37	33.91	.034	44.22	1.15
HOME VISITS	17	20	1,050.58	52.53	.000	61.80	.00
EMERGENCY ROOM	9,092	10,479	605,719.81	57.80	.023	66.62	1.34
PREVENTIVE CARE	80	85	3,437.09	40.44	.000	42.96	.01
OB VISITS/COMPRE PERI	8,497	38,726	954,622.80	24.65	.086	112.35	2.11
OTHER OUTPATIENT	5,203	6,333	176,233.77	27.83	.014	33.87	.39
INPATIENT VISITS	6,102	23,237	1,541,302.34	66.33	.051	252.59	3.41
HOSPITAL VISITS	5,259	17,102	760,902.27	44.49	.038	144.69	1.69
CRITICAL CARE	500	4,421	722,195.84	163.36	.010	1444.39	1.60
SNF/ICF/TRANS IP CARE	596	1,714	58,204.23	33.96	.004	97.66	.13
OPHTHALMOLOGICAL SERVICES	728	894	40,743.43	45.57	.002	55.97	.09
EXAMINATIONS	727	892	40,532.52	45.44	.002	55.75	.09
SERVICES AND MATERIALS	2	2	210.91	105.46	.000	105.46	.00
INPATIENT HOSPITAL SURGERY	5,001	19,380	2,735,198.81	141.14	.043	546.93	6.06
PRINCIPAL SURGEON	3,732	5,422	2,310,355.54	426.11	.012	619.07	5.12
ASSISTANT SURGEON	558	577	108,919.22	188.77	.001	195.20	.24
ANESTHESIOLOGIST	1,488	13,381	315,924.05	23.61	.030	212.31	.70
OUTPATIENT SURGERY	3,738	8,436	747,317.98	88.59	.019	199.92	1.66
PRINCIPAL SURGEON	3,192	4,209	643,440.96	152.87	.009	201.58	1.43
ASSISTANT SURGEON	39	42	6,446.69	153.49	.000	165.30	.01
ANESTHESIOLOGIST	956	4,185	97,430.33	23.28	.009	101.91	.22
DIALYSIS	413	1,422	145,948.71	102.64	.003	353.39	.32
PATHOLOGY	7,956	18,546	380,972.93	20.54	.041	47.88	.84
RADIOLOGY	12,933	23,161	853,153.46	36.84	.051	65.97	1.89
PSYCHIATRY	5	6	176.26	29.38	.000	35.25	.00
IMMUNIZATION AND INJECTION	1,218	11,165	326,913.80	29.28	.025	268.40	.72
OTHER SERVICES/ALL X-OVERS	14,298	52,672	899,871.45	17.08	.117	62.94	1.99
	•	•	•				

@PHARMACY	95,760	1,074,490	\$ 20,921,076.03	\$ 19.47	2.380	\$ 218.47	\$ 46.35
PRESCRIPTION DRUGS	93,491	339,811	19,575,581.42	57.61	.753	209.38	43.37
SNF/ICF	19,014	108,354	6,306,727.71	58.20	.240	331.69	13.97
OUTPATIENTS	75,310	231,457	13,268,853.71	57.33	.513	176.19	29.39
MEDICAL SUPPLIES	9,411	734,679	1,345,494.61	1.83	1.628	142.97	2.98
@DENTIST	70,988	431,371	\$ 13,030,964.95	\$ 30.21	.956	\$ 183.57	\$ 28.87
VISITS - DIAGNOSTIC	51,331	286,687	3,430,191.81	11.96	.635	66.82	7.60
ORAL SURGERY	10,695	21,909	1,337,709.64	61.06	.049	125.08	2.96
DRUGS	2,461	3,570	74,075.97	20.75	.008	30.10	.16
ANESTHESIA	695	711	68,600.00	96.48	.002	98.71	.15
PERIODONTICS	5,046	5,320	644,917.10	121.23	.012	127.81	1.43
ENDODONTICS	5,168	8,376	1,203,826.39	143.72	.019	232.94	2.67
RESTORATIVE DENTISTRY	26,763	91,214	5,235,559.30	57.40	.202	195.63	11.60
PROSTHETICS	292	313	7,215.00	23.05	.001	24.71	.02
DENTURES, STAYPLATES	1,742	6,122	557,093.80	91.00	.014	319.80	1.23
SPACE MAINTAINERS	450	573	58,237.20	101.64	.001	129.42	.13

MAXILLOFACIAL SERVICES	423	436	44,049.65	101.03	.001	104.14	. 1	10
FRACTURES, DISLOCATIONS	9	12	7,900.00	658.33	.000	877.78	. (02
ORTHODONTIC SERVICES	3,514	4,323	355,689.09	82.28	.010	101.22	. 7	79
ALL OTHER SERVICES	1,200	1,805	5,900.00	3.27	.004	4.92	. (01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 3	,050
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29	9/04

MOPUZ4 EDECNO COLINTY	FEE-FOR-SERVICE	E/DENTAL VICES FOR MEDICAI	TV M	PPDV TOTAT					01/29/04
FRESNO COUNTY	SUMMARI OF SERV	VICES FOR MEDICAL	LLI IN.	EEDY - IOIAL		MONT	אסי <i>וו</i> א עזטים	CF	
451,406 ELIGIBLES	USERS	UNITS OF SERVICE	,	FYDFNDTTIIPFC	AVERAGE COST				COST PER
431,400 EDIGIBLES		OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	2,741 1,678 1,941	7 677	\$	172,782.54	\$ 22.51		63.04		
DIAGNOSTIC AND ANC. PROCED	1,678 1,941 284 1,276 1,267	1,690	٧	77,157.74		.004	45.98	٧	.17
EYE APPLIANCES	1 941	5,551		88,391.30	45.66 15.92	.012	45.54		.20
OTHER OPTOMETRIC SERVICES	284	436		7 233 50	16 59	.001	25.47		.02
@CHIPODPACTOP	1 276	2 154	\$	35 651 33	\$ 16.55	.005 \$	27.94	\$.08
VTSTTS	1 267	2,154 2,134	Y	35,031.33	16.55	.005	27.98	Y	.08
VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	11	20		35,651.33 35,446.12 205.21	\$ 16.59 \$ 16.55 16.61 10.26 \$ 9.10	.000	18.66		.00
@PODIATRIST	2 658	3,718	\$	33,843.66	\$ 9.10	.008 \$	12.73	Ś	.07
MEDICINE/INJECTIONS	238	262	~	8,115.24	30.97	.001		٧	.02
SURGERY/ANES.	14	16		761.52	47.60	.000	54.39		.00
RADIO./PATHOLOGY	24	16 27 3,413		467.10			19.46		.00
OTHER	2.441	3.413		24,499.80	7.18	.008	10.04		.05
@HOME HEALTH AGENCY	414		Ġ	559.533.58	\$ 33.98	.036 \$	1351.53		
NURSE ANESTHESIST	265	16,465 1,269	Š	559,533.58 29,613.62	\$ 23.34	.003 \$	111.75		.07
NURSE MIDWIFE	13	33	Ś	3.383.74	\$ 102.54	.000 \$	260.29		.01
PEDIATRIC NURSE PRACTITIONER	2	8	Š	163.37	\$ 20.42	.000 \$	81.69		.00
FAMILY NURSE PRACTITIONER	252	502	Š	13.339.81	\$ 26.57	.001 \$	52.94		.03
@TOTAL HOSPITAL	47,939	239,007	Š	44,454,747.16	\$ 186.00	.529 \$	927.32	Š	
HOSP INPATIENT TOTAL	6,665	34,566	•	38,921,386.47	1126.00	.077	5839.67		86.22
HSC HOSPITALS	5,288	27,606		34,488,630.19	1249.32	.061	6522.06		76.40
NON-HSC HOSPITAL TOTAL	917	3.672		4.019.991.56	1094.77	.008	4383.85		8.91
ACCOMMODATIONS	898	3,672		29,613.62 3,383.74 163.37 13,339.81 44,454,747.16 38,921,386.47 34,488,630.19 4,019,991.56 1,385,338.75	17.30 7.18 \$ 33.98 \$ 23.34 \$ 102.54 \$ 20.42 \$ 26.57 \$ 186.00 1126.00 1249.32 1094.77 377.27 228.19	.008	1542.69		3.07
ADMINISTRATIVE DAYS	75	752		171,601.89	228.19	.008	2288.03		.38
WHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER WITOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL INPATIENT TOTAL HSC HOSPITALS	0	0		.00	\$ 186.00 1126.00 1249.32 1094.77 377.27 228.19 .00 415.66 .00 125.54 .00 27.07 44.37 45.72 13.20 74.78 39.25 19.94 \$ 250.16 1259.01 1259.01	.000	.00		.00
ALL OTHER ACCOM	824	2,920		1,213,736.86	415.66	.006	1472.98		2.69
ANCILLARIES	915	0		2,634,652.81	.00	.000	2879.40		5.84
INPATIENT CROSSOVERS	506	3,288		412,764.72	125.54	.007	815.74		.91
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	44,234	204,441		5,533,360.69	27.07	.453	125.09		12.26
MEDICAL	6,649	10,659		472,990.72 169,262.19 762,909.27 927,635.99	44.37	.024	71.14		1.05
SURGERY	2,659	3,702		169,262.19	45.72	.008	63.66		.37
PATHOLOGY	16,167	57,785		762,909.27	13.20	.128	47.19		1.69
RADIOLOGY	8,138	12,405		927,635.99	74.78	.027	113.99		
ROOM USE	27,750	41,955		1,646,813.71	39.25	.093	59.34		3.65
CROSSOVERS/ALL OTH OUTPTNT	23,151	77,935		1,553,748.81	19.94	.173	815.74 .00 125.09 71.14 63.66 47.19 113.99 59.34 67.11		3.44
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	144	566	\$	141,591.99	\$ 250.16	.001 \$	983.∠8	\$.31
CO HOSPITAL INPATIENT TOTAL	24	101		127,160.15	1259.01	.000	5298.34		.28
1150 11001 1111111		101		127,160.15	1259.01	.000			.28
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0					.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	127	465		14,431.84	31.04	.001	113.64		.03
MEDICAL	23	35		1,351.67	38.62	.000	58.77		.00
SURGERY	8	9		.00 .00 .00 .00 .00 14,431.84 1,351.67 434.50 1,890.94	.00 31.04 38.62 48.28 11.82	.000	.00 .00 113.64 58.77 54.31		.00
PATHOLOGY	37	160		1,890.94	11.82	.000	51.11		.00

451,406 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	59,390	942,906	\$	5,034,471.97	\$ 5.34	2.089	\$ 84.77	\$ 11.15
DURABLE MED. EQUIP.	1,174	5,566		746,556.01	134.13	.012	635.91	1.65
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	146	175		87,649.82	500.86	.000	600.34	.19
MEDICAL TRANSPORTATION	6,483	166,114		1,080,088.91	6.50	.368	166.60	2.39
AMBULANCES/AIR TRANS	4,096	48,158		592,772.83	12.31	.107	144.72	1.31
OTHER TRANS	2,063	111,321		370,137.37	3.32	.247	179.42	.82
OTHER SERVICES	731	6,635		117,178.71	17.66	.015	160.30	.26
ACUPUNCTURE	89	164		3,114.10	18.99	.000	34.99	.01
ADULT DAY HEALTH CARE CTR	489	7,396		512,989.66	69.36	.016	1049.06	1.14
GENETIC DISEASE TESTING	2,754	2,760		284,518.50	103.09	.006	103.31	.63
IHMC, MODEL-NF, NF, AIDS, MSSP	143	347		40,903.61	117.88	.001	286.04	.09
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	13,055	28,379		293,877.74	10.36	.063	22.51	.65
PHYSICAL THERAPIST	88	276		15,143.82	54.87	.001	172.09	.03
PORTABLE X-RAY	300	976		7,642.55	7.83	.002	25.48	.02
PROSTHETIST/ORTHOTISTS	1,287	2,898		192,220.13	66.33	.006	149.36	.43
PROSTHETICS	608	2,032		113,730.97	55.97	.005	187.06	. 25
ORTHOTICS	855	866		78,489.16	90.63	.002	91.80	.17
PSYCHOLOGIST	18	38		1,063.00	27.97	.000	59.06	.00
SPEECH AND AUDIOLOGY	986	3,351		160,629.39	47.93	.007	162.91	.36
HOSPICE SERVICES	133	2,259		243,843.62	107.94	.005	1833.41	.54
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31,647	115,029		1,122,483.61	9.76	.255	35.47	2.49
EPSDT SUPPLEMENTAL SERVICE	8	983		23,922.92	24.34	.002	2990.37	.05
RESPIRATORY CARE PRACT.	2	2		58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,095	606,195		217,824.58	.36	1.343	103.97	.48
@CALIF. CHILDREN SERVICES*	7,358	147,301	\$	17,381,498.24	\$ 118.00	.326	\$ 2362.26	\$ 38.51
@XOVER EXCLUDING STATE HOSP**	16,455	481,064	\$	3,298,752.81	\$ 6.86	1.066	\$ 200.47	\$ 7.31

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,053 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 FRESNO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----27,939 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 20,912 171,142 4,999,765.19 29.21 6.126 \$ 239.09 \$ 178.95 @PHYSICIANS SERVICES 5,878 14,688 526,096.91 35.82 .526 \$ 89.50 \$ 18.83 OUTPATIENT VISITS 4,626 7,117 235,123.01 33.04 .255 50.83 8.42 OFFICE VISITS 2,797 3,419 107,998.88 31.59 .122 38.61 3.87 .000 HOME VISITS 1 1 68.62 68.62 68.62 .00 1,095 1,235 64,525.51 52.25 .044 58.93 EMERGENCY ROOM 2.31 10 10 380.55 38.06 .000 38.06 PREVENTIVE CARE .01 OB VISITS/COMPRE PERI 335 1,676 41,553.42 24.79 .060 124.04 1.49 647 776 20,596.03 26.54 .74 OTHER OUTPATIENT .028 31.83 236 939 INPATIENT VISITS 73,685.83 78.47 .034 312.23 2.64 HOSPITAL VISITS 224 746 38,513.98 51.63 .027 171.94 1.38 19 .007 189 35,042.45 185.41 1844.34 1.25 CRITICAL CARE SNF/ICF/TRANS IP CARE 1 4 129.40 32.35 .000 129.40 .00 OPHTHALMOLOGICAL SERVICES 138 154 6,862.29 44.56 .006 49.73 . 25 **EXAMINATIONS** 138 154 6,862.29 44.56 .006 49.73 .25 .000 .00 0 .00 SERVICES AND MATERIALS .00 .00 INPATIENT HOSPITAL SURGERY 117 415 49,665.64 119.68 .015 424.49 1.78 79 110 348.39 485.10 PRINCIPAL SURGEON 38,322.54 .004 1.37 8 8 1,566.04 195.76 .000 195.76 .06 ASSISTANT SURGEON ANESTHESIOLOGIST 43 297 9,777.06 32.92 .011 227.37 .35

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

OUTPATIENT SURGERY	346	658	49,069.90)	74.57	.024	141.82	1.76
PRINCIPAL SURGEON	302	376	41,087.11	L	109.27	.013	136.05	1.47
ASSISTANT SURGEON	1	1	157.11	L	157.11	.000	157.11	.01
ANESTHESIOLOGIST	94	281	7,825.68	3	27.85	.010	83.25	.28
DIALYSIS	1	3	216.48	3	72.16	.000	216.48	.01
PATHOLOGY	586	1,257	19,454.47	7	15.48	.045	33.20	.70
RADIOLOGY	977	1,449	38,708.93	3	26.71	.052	39.62	1.39
PSYCHIATRY	0	0	.00)	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	105	893	12,300.89	9	13.77	.032	117.15	.44
OTHER SERVICES/ALL X-OVERS	744	1,803	41,009.47	7	22.75	.065	55.12	1.47
@PHARMACY	8,729	33,514 \$	982,731.01	l \$	29.32	1.200 \$	112.58	\$ 35.17
PRESCRIPTION DRUGS	8,620	20,163	850,636.87	7	42.19	.722	98.68	30.45
SNF/ICF	11	89	9,653.20)	108.46	.003	877.56	.35
OUTPATIENTS	8,611	20,074	840,983.67	7	41.89	.718	97.66	30.10
MEDICAL SUPPLIES	437	13,351	132,094.14	1	9.89	.478	302.27	4.73
@DENTIST	2,341	15,204 \$	436,777.13	3 \$	28.73	.544 \$	186.58	\$ 15.63
VISITS - DIAGNOSTIC	1,794	10,381	134,853.70)	12.99	.372	75.17	4.83
ORAL SURGERY	295	672	53,843.25	5	80.12	.024	182.52	1.93
DRUGS	92	153	2,853.75	5	18.65	.005	31.02	.10
ANESTHESIA	43	47	4,200.00)	89.36	.002	97.67	.15
PERIODONTICS	58	59	6,629.00		112.36		114.29	.24
ENDODONTICS	176	313	44,663.50)	142.69	.011	253.77	1.60
RESTORATIVE DENTISTRY	893	3,304	176,522.55	5	53.43	.118	197.67	6.32
PROSTHETICS	3	3	60.00)	20.00	.000	20.00	.00
DENTURES, STAYPLATES	1	7	288.00		41.14	.000	288.00	.01
SPACE MAINTAINERS	9	12	1,213.37	7	101.11	.000	134.82	.04
MAXILLOFACIAL SERVICES	16	16	1,515.01	L	94.69	.001	94.69	.05
FRACTURES, DISLOCATIONS	0	0	.00)	.00	.000	.00	.00
ORTHODONTIC SERVICES	132	159	9,910.00		62.33	.006	75.08	.35
ALL OTHER SERVICES	51	78	225.00		2.88	.003	4.41	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU DEC	2003	E 3,054
MOP024	FEE-FOR-SERVICE/DENTA							01/29/04

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							M	Γ NO	THLY AVERA	GE	
27,939 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV1	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E.		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	407	1,111	\$	28,200.15	\$	25.38	.040	\$	69.29	\$	1.01
DIAGNOSTIC AND ANC. PROCED	347	347		16,370.50		47.18	.012		47.18		.59
EYE APPLIANCES	274	760		11,666.96		15.35	.027		42.58		.42
OTHER OPTOMETRIC SERVICES	3	4		162.69		40.67	.000		54.23		.01
@CHIROPRACTOR	13	19	\$	317.68	\$	16.72	.001	\$	24.44	\$.01
VISITS	13	19		317.68		16.72	.001		24.44		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	22	30	\$	1,138.78	\$	37.96	.001	\$	51.76	\$.04
MEDICINE/INJECTIONS	21	24		851.28		35.47	.001		40.54		.03
SURGERY/ANES.	2	2		108.14		54.07	.000		54.07		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	1	2		144.76		72.38	.000		144.76		.01
@HOME HEALTH AGENCY	32	1,213	\$	36,784.41	\$	30.33	.043	\$	1149.51	\$	1.32
NURSE ANESTHESIST	1	11	\$	158.91	\$	14.45	.000	\$	158.91	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	298	539	\$	11,008.77	\$	20.42	.019	\$	36.94	\$.39
@TOTAL HOSPITAL	3,294	12,307	\$	2,079,035.76	\$	168.93	.440	\$	631.16	\$	74.41
HOSP INPATIENT TOTAL	236	1,193		1,787,305.03		1498.16	.043		7573.33		63.97
HSC HOSPITALS	223	1,150		1,733,237.25		1507.16	.041		7772.36		62.04
NON-HSC HOSPITAL TOTAL	13	43		54,067.78		1257.39	.002		4159.06		1.94
ACCOMMODATIONS	13	43		21,306.50		495.50	.002		1638.96		.76
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

FRESNO COUNTY

ALL OTHER ACCOM	13	43		21,306.50	495.50	002		1638.96		.76
ANCILLARIES	13	0		32,761.28	.00	000		2520.10		1.17
INPATIENT CROSSOVERS	0	0		.00	.00	000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	000		.00		.00
HOSP OUTPATIENT TOTAL	3,119	11,114		291,730.73	26.25	398		93.53		10.44
MEDICAL	613	911		34,576.84	37.95	033		56.41		1.24
SURGERY	262	351		11,375.06	32.41	013		43.42		.41
PATHOLOGY	912	3,403		41,296.98	12.14	122		45.28		1.48
RADIOLOGY	650	868		47,365.71	54.57	031		72.87		1.70
ROOM USE	2,323	3,047		119,454.18	39.20	109		51.42		4.28
CROSSOVERS/ALL OTH OUTPTNT	1,117	2,534		37,661.96	14.86	091		33.72		1.35
@COUNTY HOSPITAL TOTAL	16	66	\$	10,275.06	\$ 155.68	002	\$	642.19	\$.37
CO HOSPITAL INPATIENT TOTAL	3	7	·	8,625.02	1232.15	000	-	2875.01	•	.31
HSC HOSPITALS	3	7		8,625.02	1232.15	000		2875.01		.31
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	000		.00		.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
MDANGTHTONAL TO GADE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0						
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
TNDATTENT CROSSOVERS	0	0 0		.00	.00	.000	.00	.00
INFAITENT CROSSOVERS	0	0						
ALL OTHER INPATIENT	0	0 59		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	59		1,650.04	27.97	.002	117.86	.06
MEDICAL	5	8		241.13	30.14	.000	48.23	.01
	5							
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	16		230.79	14.42	.001	57.70	.01
RADIOLOGY	3	5		106.87	21.37	.000	35.62	.00
ROOM USE	13	21		817.62	38.93	.001	62.89	.03
CROSSOVERS/ALL OTH OUTPTNT	5	9		253.63	28.18	.000	50.73	.01
	MEDI-CAL SERVICE		THE MONT					
			CES MON	IH-OF-PAIMENI R	REPORT FOR JAN	2003 IRRO DE	C 2003	
MOP024	FEE-FOR-SERVICE	DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVI	CES FOR MIC - N	IO SOC	03 04 2A 45 4A	4K 4M 5K 7T 82	8E 8W		
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								GE
27,939 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL		OR DAYS OF CARE	7		PER UNIT/DAY		USER	ELIGIBLE
SCOMMINITELY HORDINAL MODAL	2 270			2 060 760 70				
@COMMUNITY HOSPITAL TOTAL	3,279	12,241	\$	2,068,760.70		.438 \$		
COMM HOSP INPATIENT TOTAL	233	1,186		1,778,680.01	1499.73	.042	7633.82	63.66
HSC HOSDITALS	220	1,143		1,724,612.23	1508.85	.041	7839.15	61.73
NOT HER HEADTH A TOTAL	220							
NON-HSC HOSPITALS TOTAL	13	43		54,067.78	1257.39	.002	4159.06	1.94
ACCOMMODATIONS	13	43		21,306.50	495.50	.002	1638.96	.76
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DATS	0	0						
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	13 0 0	43 43 0 0 43 0 0 11,055		21,306.50	495.50	.002	1638.96	.76
AMCTITADTEC	13	0		32,761.28		.000	2520.10	1.17
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	13	U						
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	3,106 608	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2 106	11 055		290,080.69	26.24	.396	93.39	10.38
	3,100	11,055						
MEDICAL	608	903		34,335.71	38.02	.032	56.47	1.23
SURGERY		351		11,375.06	32.41	.013	43.42	.41
	908	2 207			12.12			
PATHOLOGY	908	3,38/		41,066.19		.121	45.23	1.47
RADIOLOGY	647	3,387 863		47,258.84	54.76	.031	73.04	1.69
ROOM USE	2,311 1,112	3,026 2,525		118,636.56	39.21	.108	51.34	4.25
	1 110	2,525						
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAR MD	1,112	2,525		37,408.33	14.82	.090	33.64	1.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY TIL.	0	0		.00	.00	.000	.00	.00
	0							
DEVELOP. DISABLED	U	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
I DI D DDII D MD	0	0						
	· ·	U		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
	0	0					.00	
LEV B-TRANSITIONAL IP CARE	U	_		.00	.00	.000		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	3	57	\$	10,419.03	\$ 182.79	.002 \$	3473.01	\$.37
	0	0	Y	•				•
ICF DDH		•		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	3	57		10,419.03	182.79	.002	3473.01	.37
			_	·				
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
			ė.	0.00				
@REHABILITATION FACILITY	84	333	\$	8,969.61	\$ 26.94	.012 \$		
HOSPITAL BASED	68	193		6,634.03	34.37	.007	97.56	.24
INDEPENDENT FACILITY	16	140		2,335.58	16.68	.005	145.97	.08
			4					
@LABORATORY FACILITY	667	1,981	\$	28,897.94	\$ 14.59	.071 \$		
PATHOLOGY	667	1,980		28,838.44	14.56	.071	43.24	1.03
XO AND OTHERS	1	1		59.50	59.50	.000	59.50	.00
70 MID OTHERD	_	_		39.30	39.30	.000	39.30	.00

@ORGANIZED OUTPATIENT CLINIC	5,050	7,362 \$	707,003.24	\$ 9	6.03	.264	\$ 140.00	\$ 25	.31
CLINIC	245	903	18,126.99	2	0.07	.032	73.99		.65
SURGICENTER	21	121	4,578.95	3	7.84	.004	218.05		.16
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	4,789	6,338	684,297.30	10	7.97	.227	142.89	24	.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	EPORT FO	R JAN	2003 THRU DI	EC 2003	PAGE	3,056
MOP024	FEE-FOR-SERVICE/DE	NTAL						01/	29/04
FRESNO COUNTY	SUMMARY OF SERVICE	S FOR MIC - NO	SOC 03 04 2A 45 4A	4K 4M 5K	7T 82	8E 8W			
						MOI	NTHLY AVERA	GE	
27,939 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAG	E COST	UNITS/DAYS	COST PER	COST	PER
	C	R DAYS OF CARE		PER UN	IIT/DAY	PER ELIG	USER	ELIGI	BLE
SALE OFFICED DEOLEDEDS	1 E24	خ 177 دو	142 225 06	۲.	1 72	2 062	ė 02 72	Ċ [0.0

27,939 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,534	82,773	\$	142,225.86	\$ 1.72	2.963	\$ 92.72	\$ 5.09
DURABLE MED. EQUIP.	25	45		19,928.71	442.86	.002	797.15	.71
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	314	3,659		46,026.64	12.58	.131	146.58	1.65
AMBULANCES/AIR TRANS	314	3,657		42,426.64	11.60	.131	135.12	1.52
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.000	1800.00	.13
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	4		291.18	72.80	.000	145.59	.01
GENETIC DISEASE TESTING	156	157		16,332.50	104.03	.006	104.70	.58
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	557	1,226		10,863.89	8.86	.044	19.50	.39
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	28	63		5,309.95	84.28	.002	189.64	.19
PROSTHETICS	14	48		3,982.89	82.98	.002	284.49	.14
ORTHOTICS	15	15		1,327.06	88.47	.001	88.47	.05
PSYCHOLOGIST	15	54		3,314.45	61.38	.002	220.96	.12
SPEECH AND AUDIOLOGY	5	8		1,072.90	134.11	.000	214.58	.04
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	386	2,472		16,070.60	6.50	.088	41.63	.58
EPSDT SUPPLEMENTAL SERVICE	2	521		13,183.01	25.30	.019	6591.51	.47
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	74,564		9,832.03	.13	2.669	129.37	.35
@CALIF. CHILDREN SERVICES*	493	13,253	\$	1,461,882.90	\$ 110.31	.474		\$ 52.32
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,057 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

						MOI	NTHLY AVERA	GE
390 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	616	3,957	\$	302,764.58	\$ 76.51	10.146	\$ 491.50	\$ 776.32
@PHYSICIANS SERVICES	285	845	\$	46,391.79	\$ 54.90	2.167	162.78	\$ 118.95
OUTPATIENT VISITS	148	219		10,546.91	48.16	.562	71.26	27.04
OFFICE VISITS	15	20		596.96	29.85	.051	39.80	1.53
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	114	141		8,012.60	56.83	.362	70.29	20.55
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	22		964.93	43.86	.056	160.82	2.47
OTHER OUTPATIENT	20	36		972.42	27.01	.092	48.62	2.49
INPATIENT VISITS	40	83		4,874.96	58.73	.213	121.87	12.50

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	38	78		4,069.66		52.18	.200		107.10		10.44
CRITICAL CARE	3	5		805.30		161.06	.013		268.43		2.06
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		67.72		33.86	.005		33.86		.17
EXAMINATIONS	2	2		67.72		33.86	.005		33.86		.17
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	35	128		12,708.27		99.28	.328		363.09		32.59
PRINCIPAL SURGEON	20	25		9,510.19		380.41	.064		475.51		24.39
ASSISTANT SURGEON	3	3		506.68		168.89	.008		168.89		1.30
ANESTHESIOLOGIST	16	100		2,691.40		26.91	.256		168.21		6.90
OUTPATIENT SURGERY	47	104		8,784.27		84.46	.267		186.90		22.52
PRINCIPAL SURGEON	41	48		7,521.70		156.70	.123		183.46		19.29
	1	1		101.27		101.27					
ASSISTANT SURGEON	9						.003		101.27		. 26
ANESTHESIOLOGIST	0	55 0		1,161.30		21.11	.141		129.03		2.98
DIALYSIS				.00		.00	.000		.00		.00
PATHOLOGY	25	67		1,670.90		24.94	.172		66.84		4.28
RADIOLOGY	85	169		4,967.40		29.39	.433		58.44		12.74
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	8		140.38		17.55	.021		35.10		.36
OTHER SERVICES/ALL X-OVERS	40	65		2,630.98		40.48	.167		65.77		6.75
@PHARMACY	69	192	\$	15,153.85	\$	78.93	.492	\$		\$	38.86
PRESCRIPTION DRUGS	66	162		14,940.80		92.23	.415		226.38		38.31
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	66	162		14,940.80		92.23	.415		226.38		38.31
MEDICAL SUPPLIES	7	30		213.05		7.10	.077		30.44		.55
@DENTIST	109	723	\$	14,522.12	\$	20.09	1.854	\$	133.23	\$	37.24
VISITS - DIAGNOSTIC	76	425		1,959.00	•	4.61	1.090	-	25.78	-	5.02
ORAL SURGERY	26	53		2,208.00		41.66	.136		84.92		5.66
DRUGS	11	13		115.00		8.85	.033		10.45		.29
ANESTHESIA	6	10		400.00		40.00	.026		66.67		1.03
PERIODONTICS	2	4		255.00		63.75	.010		127.50		.65
ENDODONTICS	7	16		1,144.00		71.50	.041		163.43		2.93
RESTORATIVE DENTISTRY	42	166		5,950.00		35.84	.426		141.67		15.26
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	2			111.00		55.50	.005		55.50		.28
MAXILLOFACIAL SERVICES	1	2 1		168.12		168.12	.003		168.12		.43
FRACTURES, DISLOCATIONS	2	6		1,800.00		300.00	.015		600.00		4.62
ORTHODONTIC SERVICES	4	6		412.00		68.67	.015		103.00		1.06
ALL OTHER SERVICES	4	21		.00		.00	.054		.00		.00
			ת מ	.00 MONTH-OF-PAYMENT RE	יםסמי			חהם		Б	
#CALIF DEPT OF HEALTH SERV			LS N	MONIH-OF-PAYMENT RE	LPOR	I FOR JAN 2	2003 IHRU	DEC	2003	Р	AGE 3,058
MOP024	FEE-FOR-SERVICE		00			ATD CODE	0.2				01/29/04
FRESNO COUNTY	SUMMARY OF SERV	/ICES FOR MIC - S	OC.			AID CODE				aп	
200 FLIGIBLES	HGBDG	INITES OF SERVICE			70 77 77		M	-		_	
390 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
O O D THO WITTH T GIT	3	OR DAYS OF CARE		000 05		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	3	9	\$	228.05	\$	25.34	.023	Ş	76.02	Ş	.58
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.008		47.45		.37
EYE APPLIANCES	2	6		85.70		14.28	.015		42.85		.22
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	5	\$	284.84	\$	56.97	.013	\$	142.42	\$.73
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
			•					-		•	

NORSE MIDWIFE	U	U Ş	.00	\$.00	.000 ş	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2 \$	51.31	\$ 25.66	.005 \$	51.31	\$.13
@TOTAL HOSPITAL	238	1,456 \$	210,113.74	\$ 144.31	3.733 \$	882.83	
HOSP INPATIENT TOTAL	55	145	179,203.01	1235.88	.372	3258.24	459.49
HSC HOSPITALS	52	137	174,886.04	1276.54	.351	3363.19	448.43
NON-HSC HOSPITAL TOTAL	3	8	4,316.97	539.62	.021	1438.99	11.07
ACCOMMODATIONS	3	8	1,776.90	222.11	.021	592.30	4.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0 0 8 0					
ALL OTHER ACCOM	3	8	1,776.90	222.11	.021	592.30	4.56
ANCILLARIES	3		2,540.07	.00	.000	846.69	6.51
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	193	1,311	30,910.73	23.58	3.362	160.16	79.26
MEDICAL	61	103	3,073.50	29.84	.264	50.39	7.88
SURGERY	25	41	1,235.06	30.12	.105	49.40	3.17
PATHOLOGY	75	301	2,604.81	8.65	.772	34.73	6.68
RADIOLOGY	68	114	8,573.50	75.21	.292	126.08	21.98
ROOM USE	149	242	8,229.86	34.01	.621	55.23	21.10
CROSSOVERS/ALL OTH OUTPTNT		510	7,194.00	14.11	1.308	66.61	18.45
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0	.00				
INPATIENT CROSSOVERS	U	U		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRII DEC		PAGE 3,059
MOP024	FEE-FOR-SERVICE			Eloni lon olm.	2005 IIIIO DE	2003	01/29/04
				7.TD G0DE	0.3		01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MIC - SOC		AID CODE			
					MONT		GE
390 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	238	1,456 \$	210,113.74	\$ 144.31		882.83	
COMM HOSP INPATIENT TOTAL	55	145	179,203.01	1235.88	.372	3258.24	459.49
HSC HOSPITALS	52	137	174,886.04	1276.54	.351	3363.19	448.43
NON-HSC HOSPITALS TOTAL	3	8	4,316.97	539.62	.021	1438.99	11.07
ACCOMMODATIONS	3	8	1,776.90	222.11	.021	592.30	4.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0						
TRANSITIONAL IP CARE		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	8	1,776.90	222.11	.021	592.30	4.56
ANCILLARIES	3	0	2,540.07	.00	.000	846.69	6.51
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	193	1,311					
COMM HOSP OUTPATIENT TOTAL		1.511	30,910.73	23.58	3.362	160.16	79.26
MEDICAL			2 2 2 2 2	22 24	0 - 1	E 0 0 0	
	61	103	3,073.50	29.84	.264	50.39	7.88
SURGERY	61 25		1,235.06	29.84 30.12	.264 .105	50.39 49.40	7.88 3.17
	61	103					

.00 \$

.00

.000 \$.00 \$

.00

NURSE MIDWIFE

0

RADIOLOGY	68	114	8,573.50	75.21	.292	126.08	21.98
ROOM USE	149	242	8,229.86	34.01	.621	55.23	21.10
CROSSOVERS/ALL OTH OUTPTNT	108	510	7,194.00	14.11	1.308	66.61	18.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	7	38	\$	461.23	\$	12.14	.097	\$	65.89	\$	1.18
HOSPITAL BASED	7	38		461.23		12.14	.097		65.89		1.18
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	36	\$	763.39	\$	21.21	.092	\$	109.06	\$	1.96
PATHOLOGY	7	36		763.39		21.21	.092		109.06		1.96
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	26	50	\$	4,098.18	\$	81.96	.128	\$	157.62	\$	10.51
CLINIC	6	14		390.56		27.90	.036		65.09		1.00
SURGICENTER	1	7		242.21		34.60	.018		242.21		.62
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	20	29		3,465.41		119.50	.074		173.27		8.89
#CALIF DEPT OF HEALTH SERV			JRES N	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2003 THRU	DEC	2003	PΡ	AGE 3,060
MOP024	FEE-FOR-SERVICE/										01/29/04
FRESNO COUNTY	SUMMARY OF SERVI	CES FOR MIC -	SOC			AID CODE		ONTITU		aп	
200 ELIGIBLES	HGEDG	INITED OF CERTIF	700	EADEMDIMIDEC	7. 7. 7. 7.		M				
390 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		RAGE COST UNIT/DAY			COST PER		COST PER
@ALL OTHER PROVIDERS	67	OR DAYS OF CAP	ĊĿ S	10,696.08	Р <u>ь</u> г \$	17.80	1.541		USER 159.64		ELIGIBLE 27.43
	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DURABLE MED. EQUIP. BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION	54	565		10,238.26		18.12	1.449		189.60		26.25
AMBULANCES/AIR TRANS	53	563		6,826.72		12.13	1.444		128.81		17.50
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	2		3,411.54		1705.77	.005		1705.77		8.75
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1	1		105.00		105.00	.003		105.00		.27
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	3	6		49.92		8.32	.015		16.64		.13
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	9	29		302.90		10.44	.074		33.66		.78
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	57	574	\$	121,617.29	\$	211.88	1.472	\$	2133.64	\$	311.84
@XOVER EXCLUDING STATE HOSP**	* 0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	ATE INFORMATION		ONLY;	•			•			
THE AMOUNTS ARE ALREADY IN	NCLUDED IN THE APP	PROPRIATE DETAIL	LINE	ES ABOVE.							
** THESE DATA ARE INCLUDED 1	IN THE APPROPRIATE	DETAIL LINES A	ABOVE.	•							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	JRES N	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2003 THRU	DEC	2003	PF	AGE 3,061
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERVI	CES FOR MEDICA	ALLY]	INDIGENT - CHILDRE	EN - 1	COTAL					

OR DAYS OF CARE

28,329 ELIGIBLES

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

----- MONTHLY AVERAGE -----

PER UNIT/DAY PER ELIG USER ELIGIBLE

OMOMAI ALL DROLLDERG	01 500	175 000 #	F 200 F20 77	å 20.00	C 101 Å	246 21	å 107 10
@TOTAL, ALL PROVIDERS	21,528	175,099 \$	5,302,529.77	\$ 30.28	6.181 \$	246.31	
@PHYSICIANS SERVICES	6,163	15,533 \$	572,488.70	\$ 36.86	.548 \$		
OUTPATIENT VISITS	4,774	7,336	245,669.92	33.49	.259	51.46	8.67
OFFICE VISITS	2,812	3,439	108,595.84	31.58	.121	38.62	3.83
HOME VISITS	. 1	. 1	68.62	68.62	.000	68.62	.00
EMERGENCY ROOM	1,209	1,376	72,538.11	52.72	.049	60.00	2.56
PREVENTIVE CARE	10	10	380.55	38.06	.000	38.06	.01
OB VISITS/COMPRE PERI	341	1,698	42,518.35	25.04	.060	124.69	1.50
OTHER OUTPATIENT	667	812	21,568.45	26.56	.029	32.34	.76
INPATIENT VISITS	276	1,022	78,560.79	76.87	.036	284.64	2.77
HOSPITAL VISITS	262	824	42,583.64	51.68	.029	162.53	1.50
CRITICAL CARE	22	194	35,847.75	184.78	.007	1629.44	1.27
SNF/ICF/TRANS IP CARE	1	4	129.40	32.35	.000	129.40	.00
OPHTHALMOLOGICAL SERVICES	140	156	6,930.01	44.42	.006	49.50	.24
EXAMINATIONS	140	156	6,930.01	44.42	.006	49.50	. 24
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	152	543	62,373.91	114.87	.019	410.35	2.20
PRINCIPAL SURGEON	99	135	47,832.73	354.32	.005	483.16	1.69
ASSISTANT SURGEON	11	11	2,072.72	188.43	.000	188.43	.07
ANESTHESIOLOGIST	59	397	12,468.46	31.41	.014	211.33	. 44
OUTPATIENT SURGERY	393	762	57,854.17	75.92	.027	147.21	2.04
PRINCIPAL SURGEON	343	424	48,608.81	114.64	.015	141.72	1.72
ASSISTANT SURGEON	2	2	258.38	129.19	.000	129.19	.01
ANESTHESIOLOGIST	103	336	8,986.98	26.75	.012	87.25	.32
DIALYSIS	1	3	216.48	72.16	.000	216.48	.01
	611	1,324	21,125.37	15.96	.047	34.58	.75
PATHOLOGY							
RADIOLOGY	1,062	1,618	43,676.33	26.99	.057	41.13	1.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	109	901	12,441.27	13.81	.032	114.14	.44
OTHER SERVICES/ALL X-OVERS	784	1,868	43,640.45	23.36	.066	55.66	1.54
@PHARMACY	8,798	33,706 \$	997,884.86	\$ 29.61	1.190 \$	113.42	\$ 35.22
PRESCRIPTION DRUGS	8,686	20,325	865,577.67	42.59	.717	99.65	30.55
	11	89	9,653.20	108.46	.003	877.56	.34
SNF/ICF							
OUTPATIENTS	8,677	20,236	855,924.47	42.30	.714	98.64	30.21
MEDICAL SUPPLIES	444	13,381	132,307.19	9.89	.472	297.99	4.67
@DENTIST	2,450	15,927 \$	451,299.25	\$ 28.34	.562 \$	184.20	
VISITS - DIAGNOSTIC	2,450 1,870	10,806	136,812.70	12.66	.381	73.16	4.83
ORAL SURGERY	321	725	56,051.25	77.31	.026	174.61	1.98
DRUGS	103	166	2,968.75	17.88	.006	28.82	.10
ANESTHESIA	49	57	4,600.00	80.70	.002	93.88	.16
PERIODONTICS	60	63	6,884.00	109.27	.002	114.73	.24
			•				
ENDODONTICS	183	329	45,807.50	139.23	.012	250.31	1.62
RESTORATIVE DENTISTRY	935	3,470	182,472.55	52.59	.122	195.16	6.44
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.000	288.00	.01
SPACE MAINTAINERS	11	14	1,324.37	94.60	.000	120.40	.05
MAXILLOFACIAL SERVICES	17	17	1,683.13	99.01	.001	99.01	.06
FRACTURES, DISLOCATIONS	3	6	1,800.00	300.00	.000	600.00	.06
ORTHODONTIC SERVICES	136	165	10,322.00	62.56	.006	75.90	.36
ALL OTHER SERVICES	55	99	225.00	2.27			.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES M	NONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	C 2003	PAGE 3,062
MOP024	FEE-FOR-SERVICE						01/29/04
FRESNO COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY I	INDIGENT - CHILDREN	I - TOTAL			
					MON'	THLY AVERA	GE
28,329 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
•		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	410	1,120 \$	28,428.20	\$ 25.38	.040 \$		
	350	350	16,512.85	47.18	.012	47.18	.58
DIAGNOSTIC AND ANC. PROCED							
EYE APPLIANCES	276	766	11,752.66	15.34	.027	42.58	.41
OTHER OPTOMETRIC SERVICES	3	4	162.69	40.67	.000	54.23	.01

@CHIROPRACTOR	13	19	\$	317.68	\$	16.72	.001	\$	24.44	\$.01
VISITS	13	19		317.68		16.72	.001		24.44		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	22	30	\$	1,138.78	\$	37.96	.001	\$	51.76	\$.04
MEDICINE/INJECTIONS	21	24		851.28		35.47	.001		40.54		.03
SURGERY/ANES.	2	2		108.14		54.07	.000		54.07		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	1	2		144.76		72.38	.000		144.76		.01
@HOME HEALTH AGENCY	34	1,218	\$	37,069.25	\$	30.43	.043		1090.27	\$	1.31
NURSE ANESTHESIST	1	11	\$	158.91	\$	14.45	.000	\$	158.91	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	299	541	\$	11,060.08	\$	20.44	.019	\$	36.99	\$.39
@TOTAL HOSPITAL	3,532	13,763	\$	2,289,149.50	\$	166.33	.486	\$	648.12	\$	80.81
HOSP INPATIENT TOTAL	291	1,338		1,966,508.04		1469.74	.047		6757.76		69.42
HSC HOSPITALS	275	1,287		1,908,123.29		1482.61	.045		6938.63		67.36
NON-HSC HOSPITAL TOTAL	16	51		58,384.75		1144.80	.002		3649.05		2.06
ACCOMMODATIONS	16	51		23,083.40		452.62	.002		1442.71		.81
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	16	51		23,083.40		452.62	.002		1442.71		.81
ANCILLARIES	16	0		35,301.35		.00	.000		2206.33		1.25
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	10.405		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,312	12,425		322,641.46		25.97	.439		97.42		11.39
MEDICAL	674 287	1,014 392		37,650.34 12,610.12		37.13	.036		55.86		1.33
SURGERY	287 987	3,704		43,901.79		32.17 11.85	.014 .131		43.94 44.48		.45 1.55
PATHOLOGY RADIOLOGY	718	982		55,939.21		56.96	.035		77.91		1.97
ROOM USE	2,472	3,289		127,684.04		38.82	.116		51.65		4.51
CROSSOVERS/ALL OTH OUTPTNT	1,225	3,269		44,855.96		14.74	.110		36.62		1.58
@COUNTY HOSPITAL TOTAL	1,225	3,044	\$	10,275.06	\$.002	Ġ	642.19	Ġ	.36
CO HOSPITAL INPATIENT TOTAL	3	7	Ą	8,625.02	Ą	1232.15	.002	Ą	2875.01	Ą	.30
HSC HOSPITALS	3	7		8,625.02		1232.15	.000		2875.01		.30
NON-HSC HOSPITALS TOTAL	0	,		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	14	59		1,650.04		27.97	.002		117.86		.06
MEDICAL	5	8		241.13		30.14	.000		48.23		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	16		230.79		14.42	.001		57.70		.01
RADIOLOGY	3	5		106.87		21.37	.000		35.62		.00
ROOM USE	13	21		817.62		38.93	.001		62.89		.03
CROSSOVERS/ALL OTH OUTPTNT	5	9		253.63		28.18	.000		50.73		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU I	DEC	2003	PP	AGE 3,063
MOP024	FEE-FOR-SERVICE										01/29/04
FRESNO COUNTY	SUMMARY OF SERV	JICES FOR MEDICALI	LY I	NDIGENT - CHILDRE	N -	TOTAL					
20 200 HITGIDING	HORDO	INITES OF SERVICE			7. 7. 7		M(
28,329 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
ACOMMINITED HOCKETAL TOTAL	2 E17	OR DAYS OF CARE	۲.	2 270 274 44		R UNIT/DAY	.483		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	3,517 288	13,697 1,331	\$	2,278,874.44 1,957,883.02	\$	166.38 1470.99	.483	Ą	647.96 6798.20	Ą	80.44 69.11
HSC HOSPITALS	272	1,331		1,899,498.27		1470.99	.047		6983.45		67.05
NON-HSC HOSPITALS TOTAL	16	51		58,384.75		1144.80	.002		3649.05		2.06
ACCOMMODATIONS	16	51		23,083.40		452.62	.002		1442.71		.81
110001111001111110110	10	31		23,003.10		102.02	.002		/ _		• • •

ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 16 16 0 0 3,299	0 0 51 0 0 0	.00 .00 23,083.40 35,301.35 .00 .00	.00 .00 452.62 .00 .00	.000 .000 .002 .000 .000 .000		.00 .00 1442.71 2206.33 .00 .00		.00 .00 .81 1.25 .00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY	669 287 983 715	1,006 392 3,688 977	37,409.21 12,610.12 43,671.00 55,832.34	37.19 32.17 11.84 57.15	.036 .014 .130 .034		55.92 43.94 44.43 78.09		1.32 .45 1.54 1.97
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	2,460 1,220 0	3,268 3,035 0	\$ 126,866.42 44,602.33 .00	\$ 38.82 14.70 .00	.115 .107 .000 .000	\$	51.57 36.56 .00 .00	\$	4.48 1.57 .00 .00
DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0 0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0 0 0	0 0 0	.00 .00 .00	.00	.000 .000 .000		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD	0 0 3	0 0 57 0	\$.00 .00 10,419.03 .00	\$.00 .00 182.79 .00	.000 .000 .002 .000	\$.00 .00 3473.01 .00	\$.00 .00 .37 .00
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL	0 3 0	0 57	\$.00 .00 10,419.03 .00	\$.00 .00 182.79 .00	.000	Ś	.00 .00 3473.01 .00	Ś	.00 .00 .37 .00
HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY	0 0 91	0 0 371	\$.00 .00 9,430.84	\$.00 .00 25.42	.000 .000 .013		.00 .00 103.64		.00 .00 .33
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	75 16 674		\$	\$.008 .005 .071	\$	94.60 145.97 44.01	\$.25 .08 1.05
	674 1 5,076 251	2,016 1 7,412 917	\$	\$ 14.68 59.50 95.94 20.19	.071 .000 .262 .032	\$	43.92 59.50 140.09 73.78	\$	1.04 .00 25.10
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	251 22 0 4,809	917 128 0 6,367	18,517.55 4,821.16 .00 687,762.71	37.67 .00 108.02	.032 .005 .000 .225		219.14 .00 143.02		.65 .17 .00 24.28
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURE	MONTH-OF-PAYMENT RI	r for Jan	2003 THRU	DEC		P	PAGE 3,064 01/29/04
28,329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAY	S	HLY AVERA COST PER USER		COST PER
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	1,601 25 0	83,374 45 0	\$ 152,921.94 19,928.71 .00	\$ 1.83 442.86 .00	2.943 .002 .000	\$	95.52 797.15 .00	\$	5.40 .70 .00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0 368 367	0 4,224 4,220	.00 56,264.90 49,253.36	.00 13.32 11.67	.000 .149 .149		.00 152.89 134.21		.00 1.99 1.74
OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0 4 0 2	0 4 0 4	.00 7,011.54 .00 291.18	.00 1752.89 .00 72.80	.000 .000 .000		.00 1752.89 .00 145.59		.00 .25 .00 .01
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	157 0 0	158 0 0	16,437.50 .00	104.03	.006		104.70		.58 .00 .00

OPTICIAN	560	1,232	10,913.81	8.86	.043	19.49	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	28	63	5,309.95	84.28	.002	189.64	.19
PROSTHETICS	14	48	3,982.89	82.98	.002	284.49	.14
ORTHOTICS	15	15	1,327.06	88.47	.001	88.47	.05
PSYCHOLOGIST	15	54	3,314.45	61.38	.002	220.96	.12
SPEECH AND AUDIOLOGY	5	8	1,072.90	134.11	.000	214.58	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	395	2,501	16,373.50	6.55	.088	41.45	.58
EPSDT SUPPLEMENTAL SERVICE	2	521	13,183.01	25.30	.018	6591.51	.47
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	74,564	9,832.03	.13	2.632	129.37	.35
@CALIF. CHILDREN SERVICES*	550	13,827	\$ 1,583,500.19	\$ 114.52	.488	\$ 2879.09	\$ 55.90

@XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

FRESNO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,065 FEE-FOR-SERVICE/DENTAL MOP024 01/29/04 SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS .00 \$.000 \$.00 Ś @PHYSICIANS SERVICES 0 0 \$.00 \$.00 .000 \$.00 \$.00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 OFFICE VISITS .00 .000 .00 .00 .00 .00 .00 .000 HOME VISITS .00 .000 EMERGENCY ROOM .00 .00 .00 .00 .00 .00 .00 PREVENTIVE CARE .000 .00 .000 .00 . 00 . 00 OB VISITS/COMPRE PERI . 00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 CRITICAL CARE .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 . 00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .000 EXAMINATIONS .00 .00 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 . 00 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 . 00 ANESTHESIOLOGIST .00 .00 .00 .00 .00 .000 .00 DIALYSIS PATHOLOGY .00 .00 .000 .00 .00 .00 .00 .00 RADIOLOGY .000 .00 .000 PSYCHIATRY .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 .00 0 .00 OTHER SERVICES/ALL X-OVERS .00 .000 .00 .00 @PHARMACY 0 .00 Ś .00 .000 \$.00 .00 PRESCRIPTION DRUGS .00 .00 .000 .00 .00 SNF/ICF .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OUTPATIENTS MEDICAL SUPPLIES .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 .00 @DENTIST Ś .00 .00 .000 .00 .00 VISITS - DIAGNOSTIC ORAL SURGERY .00 .00 .000 .00 .00 0 .00 .00 DRUGS .00 .000 .00 ANESTHESIA .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PERIODONTICS ENDODONTICS .00 .00 .000 .00 .00 RESTORATIVE DENTISTRY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PROSTHETICS DENTURES, STAYPLATES .00 .00 .000 .00 .00 .00 .00 .000 .00 SPACE MAINTAINERS .00 MAXILLOFACIAL SERVICES .00 .00 .000 .00 .00 .00 .00 FRACTURES, DISLOCATIONS .00 .000 .00 .00 .00 .000 . 00 ORTHODONTIC SERVICES .00 ALL OTHER SERVICES .00 .00 .000 .00 .00 MOP024 FEE-FOR-SERVICE/DENTAL

FRESNO COUNTY

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

PAGE 3,066 01/29/04

FRESNO COUNTY	SUMMARY OF SERVI	CES FOR MIA - NO SOC -	AID PAID PENDING	AID CODE			
					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES A	VERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	P	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00 \$.000 \$.00 \$	
VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES	0		.00	.00	.000	.00	.00
@PODIATRIST	U	0 \$.00 \$.000 \$.00 \$	
MEDICINE/INJECTIONS	Ü	Ü	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00 \$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0 \$.00 \$.00	.000 \$.00 \$	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00 \$.00	.000 \$.00 \$	
FAMILY NURSE PRACTITIONER	0	0 \$.00 \$.00	.000 \$.00 \$	
@TOTAL HOSPITAL	0	0 \$.00 \$.00	.000 \$.00 \$	
	0	0	·		•		
HOSP INPATIENT TOTAL	0	-	.00	.00	.000	.00	.00
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	Û	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ü	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	S AND EXPENDITURES MONT					PAGE 3,067
"OTTE DELL OF HERMIN DUKY	DI CILL DURVICE	S 12.0 DILLUIDITORED MONT	. OI IIIIIIIII KEEO	1 011 01111 2	11110 DEC	_000	21.01 3,007

MOP024 FRESNO COUNTY FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO SOC -	- AID PAID PENDIN	G AID CODE			
					MONTE	ILY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0					
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ü	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0						
@STATE HOSPITAL	0	0 \$		\$.00	.000 \$.00	•
MENTALLY ILL	U	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$		\$.00	.000 \$.00	•
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$		\$.00	.000 \$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$		\$.00	.000 \$.00	
HOSPITAL BASED	0	0 3	.00	.00	.000 \$.00	.00
	0	0	.00			.00	.00
HEMODIALYSIS CENTER	0	0 0 \$.00	.000		
@REHABILITATION FACILITY	0	0 \$		\$.00	.000 \$.00	•
HOSPITAL BASED	Ü	Ü	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$		\$.00	.000 \$.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MONT					PAGE 3,068
MOP024	FEE-FOR-SERVICE			ORT TOR OTHER	1005 TIMO DEC	2005	01/29/04
FRESNO COUNTY		ICES FOR MIA - NO SOC -	AID DAID DENDIN	C YID CODE	01		01/29/04
FRESHO COUNTI	SUMMARI OF SERV	ICES FOR MIA - NO SOC -	AID PAID PENDIN			TT 37 ATTED AC	77
00 81 1018180	HORDS	IBITES OF SERVICE			MONTE		
00 ELIGIBLES	USERS	UNITS OF SERVICE		AVERAGE COST			COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$		\$.00	.000 \$.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEDARATE T	NEORMATION ITEM ONLY:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,069
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86	

					MC	NTHLY AVERA	GE
2,210 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,296	17,124	\$ 1,283,783.77	\$ 74.97	7.748	\$ 559.14	\$ 580.90
@PHYSICIANS SERVICES	1,358	7,032	\$ 314,644.56	\$ 44.74	3.182	\$ 231.70	\$ 142.37
OUTPATIENT VISITS	903	4,304	96,108.92	22.33	1.948	106.43	43.49
OFFICE VISITS	198	241	8,562.26	35.53	.109	43.24	3.87
HOME VISITS	1	1	62.90	62.90	.000	62.90	.03
EMERGENCY ROOM	123	139	7,882.27	56.71	.063	64.08	3.57
PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.03
OB VISITS/COMPRE PERI	669	3,883	78,657.21	20.26	1.757	117.57	35.59
OTHER OUTPATIENT	34	39	875.55	22.45	.018	25.75	.40
INPATIENT VISITS	163	386	27,626.14	71.57	.175	169.49	12.50
HOSPITAL VISITS	157	300	13,577.11	45.26	.136	86.48	6.14
CRITICAL CARE	10	86	14,049.03	163.36	.039	1404.90	6.36
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	152.73	50.91	.001	50.91	.07
EXAMINATIONS	3	3	152.73	50.91	.001	50.91	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	216	654	121,795.79	186.23	.296	563.87	55.11
PRINCIPAL SURGEON	149	154	104,250.80	676.95	.070	699.67	47.17
ASSISTANT SURGEON	35	34	6,219.98	182.94	.015	177.71	2.81
ANESTHESIOLOGIST	73	466	11,325.01	24.30	.211	155.14	5.12
OUTPATIENT SURGERY	123	229	17,694.48	77.27	.104	143.86	8.01
PRINCIPAL SURGEON	114	161	16,027.00	99.55	.073	140.59	7.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	29	68	1,667.48	24.52	.031	57.50	.75

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	316	708	16,786.14	23.71	.320	53.12	7.60
RADIOLOGY	364	487	23,448.20	48.15	.220	64.42	10.61
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	47	71	2,542.72	35.81	.032	54.10	1.15
OTHER SERVICES/ALL X-OVERS	110	190	8,489.44	44.68	.086	77.18	3.84
@PHARMACY	758	2,690	\$ 55,733.97	\$ 20.72	1.217	\$ 73.53	\$ 25.22
PRESCRIPTION DRUGS	745	1,668	52,425.39	31.43	.755	70.37	23.72
SNF/ICF	3	15	1,317.28	87.82	.007	439.09	.60
OUTPATIENTS	742	1,653	51,108.11	30.92	.748	68.88	23.13
MEDICAL SUPPLIES	50	1,022	3,308.58	3.24	.462	66.17	1.50
@DENTIST	102	514	\$ 20,809.75	\$ 40.49	.233	\$ 204.02	\$ 9.42
VISITS - DIAGNOSTIC	79	278	4,811.75	17.31	.126	60.91	2.18
ORAL SURGERY	23	50	4,070.00	81.40	.023	176.96	1.84
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.09

PERIODONTICS	6	6	538.00	89.67	.003	89.67		.24
ENDODONTICS	5	5	1,135.00	227.00	.002	227.00		.51
RESTORATIVE DENTISTRY	39	156	9,142.00	58.60	.071	234.41	4	1.14
PROSTHETICS	2	2	60.00	30.00	.001	30.00		.03
DENTURES, STAYPLATES	2	13	553.00	42.54	.006	276.50		.25
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	1	1	300.00	300.00	.000	300.00		.14
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE	3,070
MOP024	FEE-FOR-SERVICE/DENTAL						01,	/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	MIA - NO S	OC - PREGNANT	AID CODE	86			
					MONTH	ILY AVERAC	BE	

FRESNO COUNTY	SUMMARY OF SER	VICES FOR MIA - 1	10 SOC	! - PREGNANT		AID CODE					
									HLY AVERA	GE	
2,210 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE	G		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	14	44	\$	1,029.94	\$	23.41	.020	\$	73.57	\$.47
DIAGNOSTIC AND ANC. PROCED	12	12		569.40		47.45	.005		47.45		.26
EYE APPLIANCES	11	32		460.54		14.39	.014		41.87		.21
OTHER OPTOMETRIC SERVICES		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	6	18	\$	300.96	\$	16.72	.008	Ś	50.16	Ś	.14
VISITS	6	18	٧	300.96	٧	16.72	.008	Y	50.16	Y	.14
OTHER SERVICES	0			.00		.00	.000		.00		.00
@PODIATRIST	3	0 8	\$	299.76	\$	37.47	.004	۲,	99.92	بن	.14
	3	0	Ą		Þ			Þ		Ą	
MEDICINE/INJECTIONS	3	4 0		120.40		30.10	.002		40.13		.05
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.001		34.60		.02
OTHER	1	2		144.76		72.38	.001		144.76		.07
@HOME HEALTH AGENCY	13	57	\$		\$	67.94	.026	\$	297.91		1.75
NURSE ANESTHESIST	10	49	\$	1,123.38	\$	22.93	.022	\$	112.34	\$.51
NURSE MIDWIFE	2	3 0	\$	1,381.82	\$	460.61	.001	\$	690.91	\$.63
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	\$.00	.000	Ė	.00	Ė	.00
@TOTAL HOSPITAL	0 774	3,386	\$			223.70			978.62		342.74
HOSP INPATIENT TOTAL	197	594	т.	691,500.25	т.	1164.14	.269	т	3510.15	т.	312.90
HSC HOSPITALS	163	466		550,161.85		1180.60	.211		3375.23		248.94
NON-HSC HOSPITAL TOTAL	37	128		141,338.40		1104.21	.058		3819.96		63.95
ACCOMMODATIONS	37	128		47,694.95		372.62	.058		1289.05		21.58
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
TRANSITIONAL IP CARE	37					.00					.00
ALL OTHER ACCOM	37 37	128		47,694.95		372.62	.058		1289.05		21.58
ANCILLARIES		0		93,643.45		.00	.000		2530.90		42.37
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	695	2,792		65,950.77		23.62	1.263		94.89		29.84
MEDICAL	56	69		3,455.89		50.09	.031		61.71		1.56
SURGERY	66	111		3,552.53		32.00	.050		53.83		1.61
PATHOLOGY	346	1,006		12,000.16		11.93	.455		34.68		5.43
RADIOLOGY	101	117		7,903.11		67.55	.053		78.25		3.58
ROOM USE	324	614		24,022.99		39.13	.278		74.15		10.87
CROSSOVERS/ALL OTH OUTPTNT	352	875		15,016.09		17.16	.396		42.66		6.79
@COUNTY HOSPITAL TOTAL	1	17	\$	264.12	\$	15.54	.008	Ś	264.12	Ś	.12
CO HOSPITAL INPATIENT TOTAL	-	0	Ψ.	.00	Υ	.00	.000	~	.00	٧	.00
HSC HOSPITALS	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
ACCOMMODATIONS	U	0				.00					.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	17		264.12	15.54	.008	264.12		.12
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	10		66.50	6.65	.005	66.50		.03
RADIOLOGY	1	1		80.02	80.02	.000	80.02		.03
ROOM USE	1	2		69.30	34.65	.001	69.30		.03
CROSSOVERS/ALL OTH OUTPTNT	1	4		48.30	12.08	.002	48.30		.02
	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES MO					D	AGE 3,071
	FEE-FOR-SERVICE			SIVIII OI IZIIMENI KI	10101 1010 0711 2	.005 IIIKO DEK	2005		01/29/04
		ICES FOR MIA - NO	2 500	T - PREGNANT	AID CODE	86			01/25/01
TREBNO COUNTY	DOINING OF BEIN	TODO TOR MITT IN	5 500	Z I ICEGIVIEVI	TIID CODE	MONT	THIY AVERA	GE.	
2,210 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
_,	0.0	OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	773	3,369	\$	757,186.90	\$ 224.75	1.524 \$			342.62
COMM HOSP INPATIENT TOTAL	197	594	•	691,500.25	1164.14	.269	3510.15	•	312.90
HSC HOSPITALS	163	466		550,161.85	1180.60	.211	3375.23		248.94
NON-HSC HOSPITALS TOTAL	37	128		141,338.40	1104.21	.058	3819.96		63.95
ACCOMMODATIONS	37	128		47,694.95	372.62	.058	1289.05		21.58
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	37	128		47,694.95	372.62	.058	1289.05		21.58
ANCILLARIES	37	0		93,643.45	.00	.000	2530.90		42.37
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	694	2,775		65,686.65	23.67	1.256	94.65		29.72
MEDICAL	56	69		3,455.89	50.09	.031	61.71		1.56
SURGERY	66	111		3,552.53	32.00	.050	53.83		1.61
PATHOLOGY	345	996		11,933.66	11.98	.451	34.59		5.40
RADIOLOGY	100	116		7,823.09	67.44	.052	78.23		3.54
ROOM USE	323	612		23,953.69	39.14	.277	74.16		10.84
CROSSOVERS/ALL OTH OUTPTNT	351	871		/	17.18	.394	42.64		6.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00

ROOM USE	323	612	23,953.69	39.14	. 277	74.16	10.84
CROSSOVERS/ALL OTH OUTPTNT	351	871	14,967.79	17.18	.394	42.64	6.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 29.58	\$ 29.58	.000	\$ 29.58	\$.01
HOSPITAL BASED	1	1	29.58	29.58	.000	29.58	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	344	1,119	\$ 13,609.07	\$ 12.16	.506	\$ 39.56	\$ 6.16
PATHOLOGY	344	1,119	13,609.07	12.16	.506	39.56	6.16
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	440	1,373	\$ 87,141.65	\$ 63.47	.621	\$ 198.05	\$ 39.43
CLINIC	106	614	12,630.96	20.57	.278	119.16	5.72
SURGICENTER	1	7	262.68	37.53	.003	262.68	.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

98.73 RURAL HEALTH CLINIC 333 752 74,248.01 .340 222.97 33.60 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,072 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

PREDIO COUNTI	DUMMAKI OF DERVIC	DO LOK MITH I	10 DOC	FICEGIVALI	AID CODE	00		
						MO	NTHLY AVERA	GE
2,210 ELIGIBLES	USERS U	NITS OF SERVICE	<u> </u>	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	•	OR DAYS OF CARE	<u> </u>		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	237	830	\$	26,355.48	\$ 31.75	.376	\$ 111.20	\$ 11.93
DURABLE MED. EQUIP.	14	14		896.66	64.05	.006	64.05	.41
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	48	530		6,466.93	12.20	.240	134.73	2.93
AMBULANCES/AIR TRANS	48	530		6,466.93	12.20	.240	134.73	2.93
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	114	115		11,925.00	103.70	.052	104.61	5.40
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	26	59		563.13	9.54	.027	21.66	.25
PHYSICAL THERAPIST	7	20		1,030.96	51.55	.009	147.28	.47
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	44	92		5,472.80	59.49	.042	124.38	2.48
PROSTHETICS	11	52		1,951.72	37.53	.024	177.43	.88
ORTHOTICS	38	40		3,521.08	88.03	.018	92.66	1.59
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	23	226	\$	136,992.76	\$ 606.16	.102	\$ 5956.21	\$ 61.99
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARAT	E INFORMATION	TEM ON	r. Y ;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,073 FEE-FOR-SERVICE/DENTAL MOP024 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

			 -				
					MOI	NTHLY AVERA	GE
2,210 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,296	17,124	\$ 1,283,783.77	\$ 74.97	7.748	\$ 559.14	\$ 580.90
@PHYSICIANS SERVICES	1,358	7,032	\$ 314,644.56	\$ 44.74	3.182	\$ 231.70	\$ 142.37
OUTPATIENT VISITS	903	4,304	96,108.92	22.33	1.948	106.43	43.49
OFFICE VISITS	198	241	8,562.26	35.53	.109	43.24	3.87
HOME VISITS	1	1	62.90	62.90	.000	62.90	.03
EMERGENCY ROOM	123	139	7,882.27	56.71	.063	64.08	3.57
PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.03
OB VISITS/COMPRE PERI	669	3,883	78,657.21	20.26	1.757	117.57	35.59
OTHER OUTPATIENT	34	39	875.55	22.45	.018	25.75	.40
INPATIENT VISITS	163	386	27,626.14	71.57	.175	169.49	12.50
HOSPITAL VISITS	157	300	13,577.11	45.26	.136	86.48	6.14
CRITICAL CARE	10	86	14,049.03	163.36	.039	1404.90	6.36
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	152.73	50.91	.001	50.91	.07

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	3	3		152.73		50.91	.001		50.91		.07
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	216	654		121,795.79		186.23	.296		563.87		55.11
PRINCIPAL SURGEON	149	154		104,250.80		676.95	.070		699.67		47.17
ASSISTANT SURGEON	35	34		6,219.98		182.94	.015		177.71		2.81
ANESTHESIOLOGIST	73	466		11,325.01		24.30	.211		155.14		5.12
OUTPATIENT SURGERY	123	229		17,694.48		77.27	.104		143.86		8.01
PRINCIPAL SURGEON	114	161		16,027.00		99.55	.073		140.59		7.25
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	29	68		1,667.48		24.52	.031		57.50		.75
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	316	708		16,786.14		23.71	.320		53.12		7.60
RADIOLOGY	364	487		23,448.20		48.15	.220		64.42		10.61
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	47	71		2,542.72		35.81	.032		54.10		1.15
OTHER SERVICES/ALL X-OVERS	110	190		8,489.44		44.68	.086		77.18		3.84
@PHARMACY	758	2,690	\$	55,733.97	\$	20.72	1.217	\$	73.53	\$	25.22
PRESCRIPTION DRUGS	745	1,668	•	52,425.39	•	31.43	.755	•	70.37	•	23.72
SNF/ICF	3	15		1,317.28		87.82	.007		439.09		.60
OUTPATIENTS	742	1,653		51,108.11		30.92	.748		68.88		23.13
MEDICAL SUPPLIES	50	1,022		3,308.58		3.24	.462		66.17		1.50
@DENTIST	102	514	\$	20,809.75	\$	40.49	.233	\$	204.02	\$	9.42
VISITS - DIAGNOSTIC	79	278		4,811.75		17.31	.126		60.91		2.18
ORAL SURGERY	23	50		4,070.00		81.40	.023		176.96		1.84
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		200.00		100.00	.001		100.00		.09
PERIODONTICS	6	6		538.00		89.67	.003		89.67		.24
ENDODONTICS	5	5		1,135.00		227.00	.002		227.00		.51
RESTORATIVE DENTISTRY	39	156		9,142.00		58.60	.071		234.41		4.14
PROSTHETICS	2	2		60.00		30.00	.001		30.00		.03
DENTURES, STAYPLATES	2	13		553.00		42.54	.006		276.50		.25
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		300.00		300.00	.000		300.00		.14
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES I	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 3,074
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES F	OR MIA -	NO S	OC - TOTAL							

2,210 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 14 44 1,029.94 23.41 .020 \$ 73.57 \$.47 DIAGNOSTIC AND ANC. PROCED 12 569.40 47.45 .005 47.45 .26 12 .014 EYE APPLIANCES 11 32 460.54 14.39 41.87 .21 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 18 300.96 16.72 .008 \$ @CHIROPRACTOR 50.16 \$ 16.72 VISITS 18 300.96 .008 50.16 .14 .00 .00 OTHER SERVICES .00 0 .000 .00 8 299.76 37.47 .004 \$ 99.92 \$ @PODIATRIST .14 MEDICINE/INJECTIONS 120.40 30.10 .002 40.13 .05 .000 SURGERY/ANES. 0 .00 .00 .00 .00 RADIO./PATHOLOGY 34.60 17.30 .001 34.60 .02 .001 OTHER 2 144.76 72.38 144.76 .07 57 @HOME HEALTH AGENCY 13 3,872.83 67.94 .026 \$ 297.91 1.75 .51 49 22.93 .022 \$ 112.34 \$ NURSE ANESTHESIST 1,123.38 690.91 NURSE MIDWIFE 2 3 \$ 1,381.82 460.61 .001 \$.63 \$ PEDIATRIC NURSE PRACTITIONER 0 0 .00 .00 .000 \$.00 \$.00 .00 Ω 0 .00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL 774 3,386 757,451.02 223.70 1.532 \$ 978.62 \$ 342.74

----- MONTHLY AVERAGE -----

HOSP INPATIENT TOTAL	197	594	691,500.25	1164.14	.269	3510.15	312.90
HSC HOSPITALS	163	466	550,161.85	1180.60	.211	3375.23	248.94
NON-HSC HOSPITAL TOTAL	37	128	141,338.40	1104.21	.058	3819.96	63.95
ACCOMMODATIONS	37	128	47,694.95	372.62	.058	1289.05	21.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	37	128	47,694.95	372.62	.058	1289.05	21.58
ANCILLARIES	37	0	93,643.45	.00	.000	2530.90	42.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	695	2,792	65,950.77	23.62	1.263	94.89	29.84
MEDICAL	56	69	3,455.89	50.09	.031	61.71	1.56
SURGERY	66	111	3,552.53	32.00	.050	53.83	1.61
PATHOLOGY	346	1,006	12,000.16	11.93	.455	34.68	5.43
RADIOLOGY	101	117	7,903.11	67.55	.053	78.25	3.58
ROOM USE	324	614	24,022.99	39.13	.278	74.15	10.87

CROSSOVERS/ALL OTH OUTPTNT	352	875	15,016.09	17.16	.396	42.66	6.79
@COUNTY HOSPITAL TOTAL	1	17 \$	264.12	\$ 15.54	.008	\$ 264.12	\$.12
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	17	264.12	15.54	.008	264.12	.12
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	10	66.50	6.65	.005	66.50	.03
RADIOLOGY	1	1	80.02	80.02	.000	80.02	.04
ROOM USE	1	2	69.30	34.65	.001	69.30	.03
CROSSOVERS/ALL OTH OUTPTNT	1	4	48.30	12.08	.002	48.30	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU I	DEC 2003	PAGE 3,075
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

FRESHO COUNTI	SUMMARI OF SER	VICES FOR MIA - N	0 500	_ IOIAL		MO	NICOTIT 17 N 17 TO N	· CE	
2 210 FF TGTRIFG	HGBBG	INTEG OF GERLIAGE			ATTERACE COCE		NTHLY AVERA		
2,210 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				OST PER
a COMMUNITARIA MAGRICANI MARIA		OR DAYS OF CARE		EEE 106 00	PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	773	3,369	\$	757,186.90	\$ 224.75	1.524		Ş	342.62
COMM HOSP INPATIENT TOTAL	197	594		691,500.25	1164.14	. 269	3510.15		312.90
HSC HOSPITALS	163	466		,	1180.60	.211	3375.23		248.94
NON-HSC HOSPITALS TOTAL	37	128		,	1104.21	.058	3819.96		63.95
ACCOMMODATIONS	37	128		47,694.95	372.62	.058	1289.05		21.58
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	37	128		47,694.95	372.62	.058	1289.05		21.58
ANCILLARIES	37	0		93,643.45	.00	.000	2530.90		42.37
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	694	2,775		65,686.65	23.67	1.256	94.65		29.72
MEDICAL	56	69		3,455.89	50.09	.031	61.71		1.56
SURGERY	66	111		3,552.53	32.00	.050	53.83		1.61
PATHOLOGY	345	996		11,933.66	11.98	.451	34.59		5.40
RADIOLOGY	100	116		7,823.09	67.44	.052	78.23		3.54
ROOM USE	323	612		23,953.69	39.14	.277	74.16		10.84
CROSSOVERS/ALL OTH OUTPINT		871		14,967.79	17.18	.394	42.64		6.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	9	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00

@REHABILITATION FACILITY	1	1	\$	29.58	\$	29.58	.000	\$	29.58	\$.01	
HOSPITAL BASED	1	1		29.58		29.58	.000		29.58		.01	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	344	1,119	\$	13,609.07	\$	12.16	.506	\$	39.56	\$	6.16	
PATHOLOGY	344	1,119		13,609.07		12.16	.506		39.56		6.16	
XO AND OTHERS	0	0		.00		.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	440	1,373	\$	87,141.65	\$	63.47	.621	\$	198.05	\$	39.43	
CLINIC	106	614		12,630.96		20.57	.278		119.16		5.72	
SURGICENTER	1	7		262.68		37.53	.003		262.68		.12	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	333	752		74,248.01		98.73	.340		222.97		33.60	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES MO	ONTH-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 3,076	
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04	
FRESNO COUNTY	SUMMARY OF SERVICES	FOR MIA - 1	NO SO	C - TOTAL								
							I	TNON	HLY AVERA	GE -		
2 210 FF TGTPF FG	TIGED C TRITE	ma on anniita	-		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	D 7 G D G G G	n marma / Da a	7.0	COCH DED	,	COCH DED	

2,210 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	237	830	\$ 26,355.48	\$ 31.75	.376	•	•
DURABLE MED. EQUIP.	14	14	896.66	64.05	.006	64.05	.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	48	530	6,466.93	12.20	.240	134.73	2.93
AMBULANCES/AIR TRANS	48	530	6,466.93	12.20	.240	134.73	2.93
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	114	115	11,925.00	103.70	.052	104.61	5.40
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	26	59	563.13	9.54	.027	21.66	.25
PHYSICAL THERAPIST	7	20	1,030.96	51.55	.009	147.28	.47
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	44	92	5,472.80	59.49	.042	124.38	2.48
PROSTHETICS	11	52	1,951.72	37.53	.024	177.43	.88
ORTHOTICS	38	40	3,521.08	88.03	.018	92.66	1.59
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	23	226	\$ 136,992.76	\$ 606.16	.102	\$ 5956.21	\$ 61.99
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

THESE DATA ARE INCHODED .	IN THE APPROPRIATE DETAIL	d dines above.		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND H	EXPENDITURES MONTH-OF-PAYMENT	REPORT FOR JAN 2003 THRU DEC 2003	PAGE 3,077
MOP024	FEE-FOR-SERVICE/DENTAL			01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	R MIA - SOC - LTC	AID CODE 53	

							MC	NTHLY AVERA	AGE	
157 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PE:	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	207	5,100	\$	825,649.10	\$	161.89	32.484	\$ 3988.64	\$	5258.91
@PHYSICIANS SERVICES	63	110	\$	4,537.44	\$	41.25	.701	\$ 72.02	\$	28.90
OUTPATIENT VISITS	17	23		1,160.51		50.46	.146	68.27		7.39
OFFICE VISITS	3	5		153.20		30.64	.032	51.07		.98

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	2	2	139.90	69.95	.013	69.95		.89
EMERGENCY ROOM	9	12	809.49	67.46	.076	89.94		5.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	4	4	57.92	14.48	.025	14.48		.37
INPATIENT VISITS	30	54	1,687.26	31.25	.344	56.24		10.75
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
	30	54	1,687.26	31.25				10.75
SNF/ICF/TRANS IP CARE	0	0			.344	56.24		
OPHTHALMOLOGICAL SERVICES			.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	2	2	448.81	224.41	.013	224.41		2.86
PRINCIPAL SURGEON	2	2	448.81	224.41	.013	224.41		2.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	Ö	0	.00	.00	.000	.00		.00
PATHOLOGY	1	2	27.54	13.77	.013	27.54		.18
RADIOLOGY	11	17	791.22	46.54	.108	71.93		5.04
	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0						
IMMUNIZATION AND INJECTION	_		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	11	12	422.10	35.18	.076	38.37	4.	2.69
@PHARMACY	147	1,202 \$	•	\$ 115.19	7.656 \$	941.91	\$	881.92
PRESCRIPTION DRUGS	147	1,202	138,460.72	115.19	7.656	941.91		881.92
SNF/ICF	134	1,105	129,806.64	117.47	7.038	968.71		826.79
OUTPATIENTS	24	97	8,654.08	89.22	.618	360.59		55.12
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	17	67 \$	1,539.00	\$ 22.97	.427 \$	90.53	\$	9.80
VISITS - DIAGNOSTIC	15	60	805.00	13.42	.382	53.67		5.13
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	1	ĺ	330.00	330.00	.006	330.00		2.10
RESTORATIVE DENTISTRY	2	<u> </u>	404.00	67.33	.038	202.00		2.57
	2	0						
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	Ü	Ü	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAG	SE 3,078
MOP024	FEE-FOR-SERVICE	/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MIA - SOC	! - LTC	AID CODE	53			
					MONT	HLY AVERA	GE	
157 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				ST PER
10, 11101110	32210	OR DAYS OF CARE		PER UNIT/DAY		USER		LIGIBLE
@OPTOMETRIST	1	6 \$	70.60	\$ 11.77	.038 \$	70.60		.45
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	٧	.00
	1	6	70.60	11.77	.038	70.60		.45
EYE APPLIANCES	1	0	70.60	11.77	.038	70.60		.45

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45.09 \$

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.57

OTHER OPTOMETRIC SERVICES

@CHIROPRACTOR

OTHER SERVICES

VISITS

@PODIATRIST

MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		.00
OTHER	2		4		90.17		22.54	.025	45.09		.57
@HOME HEALTH AGENCY	0		0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		Ö	Ċ.	.00	Ċ.	.00		\$.00	Ś	.00
	0		0	ې د		٠ ب					
NURSE MIDWIFE	U			Þ	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0	Ş	.00	\$.00			\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00		.00
@TOTAL HOSPITAL	25		77	\$	2,939.01	\$	38.17	.490	\$ 117.56	\$	18.72
HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	Ô		Ô		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0								
ALL OTHER ACCOM	U		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	25		77		2,939.01		38.17	.490	117.56		18.72
MEDICAL	3		3		60.07		20.02	.019	20.02		.38
SURGERY	2		2		82.73		41.37	.013	41.37		.53
PATHOLOGY	9		21		279.72		13.32	.134	31.08		1.78
RADIOLOGY	8		9		1,394.91		154.99	.057	174.36		8.88
ROOM USE	12		15		766.36		51.09	.096	63.86		4.88
			27								
CROSSOVERS/ALL OTH OUTPTNT					355.22	4	13.16	.172	35.52		2.26
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00		\$.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		Ô		.00		.00	.000	.00		.00
ANCILLARIES	0		Ô		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
	0		0								
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXP	ENDITUE	ES M	ONTH-OF-PAYMENT R	EPORT				P	PAGE 3,079
MOP024	FEE-FOR-SERVICE				.01.111 01 1111111111111111111111111111		1011 01111 1		_0 _000	_	01/29/04
FRESNO COUNTY	SUMMARY OF SERV		MTA - S	30C -	· T.TC		AID CODE	53			01/25/01
FRESHO COUNTI	SUMMAKI OF SERV	ALCES FOR	MIA - S	- OC	шс		AID CODE		NTHLY AVER	CE	
157 FITCIDIES	USERS	INTERC OF	CEDITO	,	EXPENDITURES	74 7 7 7 7	ים אמדי מסמדי	UNITS/DAYS			COST PER
157 ELIGIBLES	USEKS	UNITS OF			FYLFINDIIORES						
	2-	OR DAYS			0 000 01		UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25		77	\$	2,939.01	\$	38.17	.490		Ş	18.72
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		0.0		0.0	000	0.0		0.0

HSC HOSPITALS .00 0 .00 .000 .00 0 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 ACCOMMODATIONS 0 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .000 .00 .00 0 ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 0 ANCILLARIES 0 .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	25	77	2,939.01	38.17	.490	117.56	18.72
MEDICAL	3	3	60.07	20.02	.019	20.02	.38
SURGERY	2	2	82.73	41.37	.013	41.37	.53
PATHOLOGY	9	21	279.72	13.32	.134	31.08	1.78
RADIOLOGY	8	9	1,394.91	154.99	.057	174.36	8.88
ROOM USE	12	15	766.36	51.09	.096	63.86	4.88
CROSSOVERS/ALL OTH OUTPTNT	10	27	355.22	13.16	.172	35.52	2.26
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	70	2,833	\$ 640,177.69	\$ 225.97	18.045	\$ 9145.40	\$ 4077.56
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	16	603	335,479.74		556.35	3.841		20967.48		2136.81
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	54	2,230	304,697.95		136.64	14.204		5642.55		1940.75
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	22	91 \$	1,023.39	\$	11.25	.580	\$	46.52	\$	6.52
PATHOLOGY	22	91	1,023.39		11.25	.580		46.52		6.52
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	27	191 \$	29,862.25	\$	156.35	1.217	\$	1106.01	\$	190.21
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	27	191	29,862.25		156.35	1.217		1106.01		190.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 3,080
MOP024	FEE-FOR-SERVICE/DENTA	L								01/29/04

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AVERAGE COST UNITS/DAYS COST PER 157 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 40 44.26 @ALL OTHER PROVIDERS 519 6,948.83 13.39 3.306 \$ 173.72 \$ DURABLE MED. EQUIP. 147.94 73.97 .013 147.94 .94 BLOOD BANK 0 .00 .00 .000 .00 0 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 25 474 4,144.74 8.74 3.019 165.79 26.40 2.726 AMBULANCES/AIR TRANS 3,993.04 9.33 181.50 25.43 139.84 3.11 .287 46.61 OTHER TRANS .89 OTHER SERVICES 11.86 11.86 .006 11.86 .08 ACUPUNCTURE .00 .00 .000 .00 .00 219.18 1.40 ADULT DAY HEALTH CARE CTR 219.18 73.06 .019 .000 .00 GENETIC DISEASE TESTING .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 19.12 9.56 .013 19.12 .12 PHYSICAL THERAPIST .00 .00 .000 .00 .00 17 21.04 PORTABLE X-RAY 357.76 .108 71.55 2.28 771.78 192.95 257.26 PROSTHETIST/ORTHOTISTS .025 4.92 PROSTHETICS 771.78 192.95 .025 257.26 4.92 .00 .000 ORTHOTICS .00 .00 .00 32.91 16.46 PSYCHOLOGIST 5.49 .038 .21 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES 11 1,255.40 114.13 .070 627.70 8.00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 27 321.94 11.92 .172 \$ 2.05 10 \$ 32.19 \$

FRESNO COUNTY

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV FIEL CALL STATES OF SERVICE DENTAL

MOPO 24 FEE - FOR - SERVICE DENTAL

FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

7 TD	CODE	07	

01/29/04

----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 43 ELIGIBLES @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES @PHARMACY #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,082 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 FRESNO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 \$.00	.00
	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0					
OTHER OPTOMETRIC SERVICES	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$ 0	.00	\$.00	.000 \$.00	•
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0		.00	.00	.000	.00	.00
@PODIATRIST	0		.00	\$.00	.000 \$.00	•
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	U	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	-	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	10 \$	190.98	\$ 19.10	.233 \$	95.49	\$ 4.44
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	27	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL		192 \$	24,989.06	\$ 130.15	4.465 \$	925.52	\$ 581.14
HOSP INPATIENT TOTAL	5	73	21,603.85	295.94	1.698	4320.77	502.42
HSC HOSPITALS	2	59	13,777.01	233.51	1.372	6888.51	320.40
NON-HSC HOSPITAL TOTAL	3	14	7,826.84	559.06	.326	2608.95	182.02
ACCOMMODATIONS	3	14	4,198.73	299.91	.326	1399.58	97.64
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.093	925.20	21.52
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0 2 3 0	10	3,273.53	327.35	.233	1636.77	76.13
ANCILLARIES	3	0	3,628.11	.00	.000	1209.37	84.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	25	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	25 7	119	3,385.21	28.45	2.767	135.41	78.73
MEDICAL		9 2	221.74	24.64	.209	31.68	5.16
SURGERY	1		50.33	25.17	.047	50.33	1.17
PATHOLOGY	5 7	28 19	299.06 1,197.55	10.68 63.03	.651	59.81 171.08	6.95 27.85
RADIOLOGY	16	29	932.47	32.15	.442 .674	58.28	21.69
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	13	32	684.06	21.38	.744	52.62	15.91
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 \$.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ô	0	.00	.00	.000	.00	.00
ANCILLARIES	Ô	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ô	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 3,083
MOP024	FEE-FOR-SERVICE						01/29/04
FRESNO COUNTY		ICES FOR MIA - SOC -	PREGNANT	AID CODE	87		
					MONT	HLY AVERA	GE
43 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE				ישת	R UNIT/DAY	DED ELIC	1	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	192	\$		24,989.06	\$	130.15	4.465		925.52		581.14
COMM HOSP INPATIENT TOTAL	5	73	Y		21,603.85	Ÿ	295.94	1.698	Ÿ	4320.77	Ÿ	502.42
HSC HOSPITALS	2	59			13,777.01		233.51	1.372		6888.51		320.40
NON-HSC HOSPITALS TOTAL	3	14			7,826.84		559.06	.326		2608.95		182.02
ACCOMMODATIONS	3	14			4,198.73		299.91	.326		1399.58		97.64
ACCOMMODATIONS ADMINISTRATIVE DAYS		4			925.20		231.30	.093		925.20		21.52
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
	0	10										76.13
ALL OTHER ACCOM	2				3,273.53		327.35	.233		1636.77		
ANCILLARIES	3	0			3,628.11		.00	.000		1209.37		84.37
INPATIENT CROSSOVERS	U	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	25	119			3,385.21		28.45	2.767		135.41		78.73
MEDICAL	7	9			221.74		24.64	.209		31.68		5.16
SURGERY	1	2			50.33		25.17	.047		50.33		1.17
PATHOLOGY	5	28			299.06		10.68	.651		59.81		6.95
RADIOLOGY	7	19			1,197.55		63.03	.442		171.08		27.85
ROOM USE	16	29			932.47		32.15	.674		58.28		21.69
CROSSOVERS/ALL OTH OUTPTNT	13	32			684.06		21.38	.744		52.62		15.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	·		.00	•	.00	.000	•	.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0			.00		.00	.000		.00		.00
LEV B-REGULAR	Ô	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Y		.00	Ÿ	.00	.000	Ÿ	.00	Ÿ	.00
ICF DD	0	0			.00		.00	.000		.00		.00
	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	<u>ب</u>			4			4		4	
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U	0	_		.00		.00	.000		.00	_	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$		26.27	\$	8.76	.070	\$	26.27	\$.61
PATHOLOGY	1	3			26.27		8.76	.070		26.27		.61
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$		218.80	\$	109.40	.047	\$	109.40	\$	5.09
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2			218.80		109.40	.047		109.40		5.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES M	HTONE	-PAYMENT RE	EPOR'	T FOR JAN	2003 THRU	DEC	2003	P	AGE 3,084
MOP024	FEE-FOR-SERVICE	DENTAL										01/29/04
FRESNO COUNTY		ICES FOR MIA - SO	OC -	- PREGNA	NT		AID CODE	87				
								N	IONTE	ILY AVERA	GE	
43 ELIGIBLES	USERS	UNITS OF SERVICE		EXE	ENDITURES	AV	ERAGE COST					COST PER
	0.0	OR DAYS OF CARE					R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	5		\$		602.78	\$				120.56		-
DURABLE MED. EQUIP.	1	ĺ	Τ		91.16	τ.	91.16	.023	Τ.	91.16	~	2.12
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	4	76			511.62		6.73	1.767		127.91		11.90
AMBULANCES/AIR TRANS	4	76 76			511.62		6.73	1.767		127.91		11.90
OTHER TRANS	0	0			.00		.00	.000		.00		.00
CNANI NANIO	U	U			.00		.00	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,085 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - TOTAL 01/29/04

						M	ONT	HLY AVERA	GE	
200 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	274	5,689	\$ 868,462.11	\$	152.66	28.445	\$	3169.57	\$	4342.31
@PHYSICIANS SERVICES	104	286	\$ 14,947.65	\$	52.26	1.430	\$	143.73	\$	74.74
OUTPATIENT VISITS	37	47	2,350.99		50.02	.235	-	63.54		11.75
OFFICE VISITS	5	7	214.70		30.67	.035		42.94		1.07
HOME VISITS	2	2	139.90		69.95	.010		69.95		.70
EMERGENCY ROOM	21	25	1,765.49		70.62	.125		84.07		8.83
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	2	16.82		8.41	.010		16.82		.08
OTHER OUTPATIENT	10	11	214.08		19.46	.055		21.41		1.07
INPATIENT VISITS	37	74	2,521.77		34.08	.370		68.16		12.61
HOSPITAL VISITS	7	20	834.51		41.73	.100		119.22		4.17
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	30	54	1,687.26		31.25	.270		56.24		8.44
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	13	62	5,981.61		96.48	.310		460.12		29.91
PRINCIPAL SURGEON	10	17	4,745.37		279.14	.085		474.54		23.73
ASSISTANT SURGEON	2	2	361.53		180.77	.010		180.77		1.81
ANESTHESIOLOGIST	3	43	874.71		20.34	.215		291.57		4.37
OUTPATIENT SURGERY	6	8	804.92		100.62	.040		134.15		4.02
PRINCIPAL SURGEON	5	5	692.15		138.43	.025		138.43		3.46
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	3	112.77		37.59	.015		112.77		.56
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	6	11	389.26		35.39	.055		64.88		1.95
RADIOLOGY	22	68	2,362.00		34.74	.340		107.36		11.81
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	15	16	537.10		33.57	.080		35.81		2.69
@PHARMACY	164	1,331	\$	\$	108.82	6.655	\$	883.14	\$	724.18
PRESCRIPTION DRUGS	163	1,231	144,810.13		117.64	6.155		888.41		724.05
SNF/ICF	134	1,105	129,806.64		117.47	5.525		968.71		649.03
OUTPATIENTS	40	126	15,003.49		119.08	.630		375.09		75.02
MEDICAL SUPPLIES	1	100	25.50		.26	.500		25.50		.13
@DENTIST	18	67	\$ 1,539.00	\$	22.97	.335	\$	85.50	\$	7.70
VISITS - DIAGNOSTIC	16	60	805.00		13.42	.300		50.31		4.03
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	1	1	330.00		330.00	.005		330.00		1.65
RESTORATIVE DENTISTRY	2	6	404.00		67.33	.030		202.00		2.02
PROSTHETICS	0	0	.00		.00	.000		.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE	3,086
MOP024	FEE-FOR-SERVICE/DENTAL	<u> </u>					01/	29/04

FRESNO COUNTY	SUMMARY OF SERVI		MIA - S	OC -	TOTAL							01/25/01
11120110 0001111		.020 1011			101111			MO	TNC	HLY AVERA	GE	
200 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1		6	\$	70.60	\$	11.77	.030	\$	70.60	\$.35
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	1		6		70.60		11.77	.030		70.60		.35
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	2		4	\$	90.17	\$	22.54	.020	\$	45.09	\$.45
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	2		4		90.17		22.54	.020		45.09		.45
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2		10	\$	190.98	\$	19.10	.050		95.49	\$.95
NURSE MIDWIFE	0		0	\$.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0 0 52 5		0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	52		269	\$		\$	103.82	1.345	\$	537.08	\$	139.64
HOSP INPATIENT TOTAL	5		73		21,603.85		295.94	.365		4320.77		108.02
HSC HOSPITALS	2		59		13,777.01		233.51	.295		6888.51		68.89
NON-HSC HOSPITAL TOTAL	3		14		7,826.84		559.06	.070		2608.95		39.13
ACCOMMODATIONS	3		14		4,198.73		299.91	.070		1399.58		20.99
ADMINISTRATIVE DAYS	1		4		925.20		231.30	.020		925.20		4.63
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		10		3,273.53		327.35	.050		1636.77		16.37
ANCILLARIES	3		0		3,628.11		.00	.000		1209.37		18.14
INPATIENT CROSSOVERS	3 0 0 50 10		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	50		196		6,324.22		32.27	.980		126.48		31.62
MEDICAL			12		281.81		23.48	.060		28.18		1.41
SURGERY	3		4		133.06		33.27	.020		44.35		.67
PATHOLOGY	14		49		578.78		11.81	.245		41.34		2.89
RADIOLOGY	15		28		2,592.46		92.59	.140		172.83		12.96
ROOM USE	28		44 59		1,698.83		38.61 17.61	.220		60.67 45.19		8.49
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	23		0	\$	1,039.28	۲.		.295	بن	.00	۲,	5.20
CO HOSPITAL INPATIENT TOTAL	0			Þ	.00	\$.00	.000	Þ	.00	Þ	.00
	0		0 0					.000				
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	n n		0		.00		.00	.000		.00		.00
	J		•		.00					. 5 0		

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 3,087
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
TREGIO GOITITHI	CITALIAN OF CERTIFICATION	700 777 707	moma r				

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL FRESNO COUNTY ----- MONTHLY AVERAGE -----200 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @COMMUNITY HOSPITAL TOTAL 269 27,928.07 103.82 1.345 \$ 537.08 \$ 139.64 COMM HOSP INPATIENT TOTAL 73 21,603.85 295.94 . 365 4320.77 108.02 HSC HOSPITALS 59 13,777.01 233.51 .295 6888.51 68.89 559.06 .070 2608.95 NON-HSC HOSPITALS TOTAL 39.13 7,826.84 ACCOMMODATIONS 14 4,198.73 299.91 .070 1399.58 20.99 925.20 231.30 .020 925.20 4.63 ADMINISTRATIVE DAYS .000 Ω .00 .00 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 10 3,273.53 327.35 .050 1636.77 16.37 .00 .000 1209.37 ANCILLARIES 3,628.11 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 ALL OTHER INPATIENT .00 6,324.22 32.27 .980 COMM HOSP OUTPATIENT TOTAL 50 196 126.48 31.62 MEDICAL 10 12 281.81 23.48 .060 28.18 1.41 133.06 33.27 44.35 SURGERY 3 .020 .67 PATHOLOGY 14 49 578.78 11.81 .245 41.34 2.89 28 2,592.46 92.59 .140 172.83 RADIOLOGY 12.96 44 .220 60.67 1,698.83 38.61 8.49 ROOM USE CROSSOVERS/ALL OTH OUTPINT 1,039.28 17.61 .295 45.19 5.20 0 .00 .00 .000 .00 @STATE HOSPITAL .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 2,833 640,177.69 225.97 9145.40 @NURSING FACILITY 14.165 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 1677.40 603 335,479.74 556.35 3.015 20967.48 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 2,230 1523.49 LEV B-REGULAR 304,697.95 136.64 11.150 5642.55 @INTERMEDIATE CARE FACIL.-DD .00 .000 .00 0 .00 .00 ICF DDH 0 .00 .00 .000 .00 .00 .00 .00 .00 ICF DD .000 .00 ICF DDN/DDCN .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$.00 .00 HOSPITAL BASED .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HEMODIALYSIS CENTER .00 .00 .000 \$.00 @REHABILITATION FACILITY HOSPITAL BASED .00 .00 .000 .00 .00 0 .00 INDEPENDENT FACILITY .00 .000 .00 .00 94 .470 @LABORATORY FACILITY 1,049.66 11.17 45.64 5.25 PATHOLOGY 1,049.66 11.17 .470 45.64 5.25 0 XO AND OTHERS .00 .00 .000 .00 .00 @ORGANIZED OUTPATIENT CLINIC 193 30,081.05 155.86 \$ 1037.28 150.41 .965 CLINIC 0 .00 .00 .000 .00 .00 SURGICENTER .00 .00 .000 .00 .00 .00 .00 .000 .00 HEROIN DETOX CLINIC RURAL HEALTH CLINIC 193 30,081.05 155.86 .965 1037.28 150.41 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,088 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

FRESNO COUNTY

200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	45	596 \$	7,551.61	\$ 12.67	2.980 \$		
DURABLE MED. EQUIP.	2	3	239.10	79.70	.015	119.55	1.20
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	29	550	4,656.36	8.47	2.750	160.56	23.28
AMBULANCES/AIR TRANS	26	504	4,504.66	8.94	2.520	173.26	22.52
OTHER TRANS	3	45	139.84	3.11	.225	46.61	.70
OTHER SERVICES	1	1	11.86	11.86	.005	11.86	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	3	219.18	73.06	.015	219.18	1.10
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	19.12	9.56	.010	19.12	.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	17	357.76	21.04	.085	71.55	1.79
PROSTHETIST/ORTHOTISTS	3	4	771.78	192.95	.020	257.26	3.86
PROSTHETICS	3	4	771.78	192.95	.020	257.26	3.86
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	6	32.91	5.49	.030	16.46	.16
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	11	1,255.40	114.13	.055	627.70	6.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	10	27 \$	321.94	\$ 11.92	.135 \$	32.19	\$ 1.61

----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----

PAGE 3,089

01/29/04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

FRESNO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	EC 2003	PAGE 3,090
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	FOR FUTURE	USE				
					1403	TOTT 17 3 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

						MC	ONTI	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 3,091
MOP024	FEE-FOR-SERVICE/DENT	ral -					01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURE US	E				
					MON	ITHLY AVERAG	E
00 ELIGIBLES	USERS UNIT	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

00 51 56 50 56	HARRA					300 0000		OIV I I		_	GOGE DED
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		OST PER		COST PER
	•	OR DAYS OF CARE		0.0		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Ψ	.00	Υ	.00	.000	т	.00	Ψ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ô	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	Û	Ő	\$.00	\$.00	.000	Ś	.00	\$.00
ICF DDH	0	Ŏ	٧	.00	Y	.00	.000	Y	.00	٧	.00
ICF DDI	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	ė.	.00	\$.00	.000	ċ.	.00	\$.00
HOSPITAL BASED	0	0	\$.00	Ą	.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ċ	.00	.000	ė	.00	\$.00
@HYDOLYHOKI LWCIHIII	U	O	ų	.00	Ÿ	.00	.000	ų	.00	ų	.00

PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MONTH-OF	-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC 2003	PAGE	3,092
MOP024	FEE-FOR-SERVICE/DENT	AL							01	/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR FOR FUTU	RE USE							
							M	ONTHLY AVER	AGE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS (COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	OR DAIS OF CARE	.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0 5	.00	.00	.000 \$.00 \$.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,093 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

						MO	NTHLY AVER	AGE	
2,410 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE CC	ST UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	RΕ		PER UNIT/D	AY PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,570	22,813	\$	2,152,245.88	\$ 94.34	9.466	\$ 837.45	\$	893.05
@PHYSICIANS SERVICES	1,462	7,318	\$	329,592.21	\$ 45.04	3.037	\$ 225.44	\$	136.76
OUTPATIENT VISITS	940	4,351		98,459.91	22.63	1.805	104.74		40.85
OFFICE VISITS	203	248		8,776.96	35.39	.103	43.24		3.64
HOME VISITS	3	3		202.80	67.60	.001	67.60		.08
EMERGENCY ROOM	144	164		9,647.76	58.83	.068	67.00		4.00
PREVENTIVE CARE	1	1		68.73	68.73	.000	68.73		.03
OB VISITS/COMPRE PER	I 670	3.885		78.674.03	20.25	1.612	117.42		32.64

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	44	50	1,089.63	21.79	.021	24.76	.45
INPATIENT VISITS	200	460	30,147.91	65.54	.191	150.74	12.51
HOSPITAL VISITS	164	320	14,411.62	45.04	.133	87.88	5.98
CRITICAL CARE	10	86	14,049.03	163.36	.036	1404.90	5.83
	30	54					.70
SNF/ICF/TRANS IP CARE			1,687.26	31.25	.022	56.24	
OPHTHALMOLOGICAL SERVICES	3	3	152.73	50.91	.001	50.91	.06
EXAMINATIONS	3	3	152.73	50.91	.001	50.91	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	229	716	127,777.40	178.46	.297	557.98	53.02
PRINCIPAL SURGEON	159	171	108,996.17	637.40	.071	685.51	45.23
ASSISTANT SURGEON	37	36	6,581.51	182.82	.015	177.88	2.73
ANESTHESIOLOGIST	76	509	12,199.72	23.97	.211	160.52	5.06
OUTPATIENT SURGERY	129	237	18,499.40	78.06	.098	143.41	7.68
			16,719.15				
PRINCIPAL SURGEON	119	166		100.72	.069	140.50	6.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	30	71	1,780.25	25.07	.029	59.34	.74
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	322	719	17,175.40	23.89	.298	53.34	7.13
RADIOLOGY	386	555	25,810.20	46.50	.230	66.87	10.71
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	47	71	2,542.72	35.81	.029	54.10	1.06
OTHER SERVICES/ALL X-OVERS	125	206	9,026.54	43.82	.085	72.21	3.75
@PHARMACY	922	4,021 \$		\$ 49.88	1.668		
DDECODEDETON DDIGO	0.00	2,899		68.04	1.203	217.22	81.84
PRESCRIPTION DRUGS	900		197,235.52				
SNF/ICF	137	1,120	131,123.92	117.07	.465	957.11	54.41
OUTPATIENTS	782	1,779	66,111.60	37.16	.738	84.54	27.43
MEDICAL SUPPLIES	51	1,122	3,334.08	2.97	.466	65.37	1.38
@DENTIST	120	581 \$	22,348.75	\$ 38.47	.241	\$ 186.24	\$ 9.27
VISITS - DIAGNOSTIC	95	338	5,616.75	16.62	.140	59.12	2.33
ORAL SURGERY	23	50	4,070.00	81.40	.021	176.96	1.69
DRUGS	908 137 782 51 120 95 23 0 2	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.08
PERIODONTICS	6	6	538.00	89.67	.002	89.67	.22
FINDODONITICS	6	6	1,465.00	244.17	.002	244.17	.61
	41	162					
RESTORATIVE DENTISTRY			9,546.00	58.93	.067	232.83	3.96
PROSTHETICS	2	2	60.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	2	13	553.00	42.54	.005	276.50	.23
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	300.00	300.00	.000	300.00	.12
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	ĺ	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R				PAGE 3,094
MOP024	FEE-FOR-SERVICE/		MONIII OF FAIRENT K	EFORT FOR UAN	2005 11110	DEC 2003	01/29/04
			INDIGENT - ADULTS	moma r			01/29/04
FRESNO COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	INDIGENT - ADULTS	- TOTAL			C D
						ONTHLY AVERA	
2,410 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY			ELIGIBLE
@OPTOMETRIST	15	50 \$	1,100.54	\$ 22.01	.021	\$ 73.37	\$.46
DIAGNOSTIC AND ANC. PROCED	12	12	569.40	47.45	.005	47.45	.24
EYE APPLIANCES	12	38	531.14	13.98	.016	44.26	.22
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	6	18 \$	300.96	\$ 16.72	.007		\$.12
	6	•	300.96	16.72	.007	50.16	
VISITS	•	18					.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	12 \$	389.93	\$ 32.49	.005	\$ 77.99	\$.16
MEDICINE/INJECTIONS	3	4	120.40	30.10	.002	40.13	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.001	34.60	.01
OTHER	3	6	234.93	39.16	.002	78.31	.10

@HOME HEALTH AGENCY	13	57	\$ 3,872.83	\$ 67.94	.024	\$ 297.91	\$ 1.61
NURSE ANESTHESIST	12	59	\$ 1,314.36	\$ 22.28	.024	\$ 109.53	\$.55
NURSE MIDWIFE	2	3	\$ 1,381.82	\$ 460.61	.001	\$ 690.91	\$.57
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	826	3,655	\$ 785,379.09	\$ 214.88	1.517	\$ 950.82	\$ 325.88
HOSP INPATIENT TOTAL	202	667	713,104.10	1069.12	.277	3530.22	295.89
HSC HOSPITALS	165	525	563,938.86	1074.17	.218	3417.81	234.00
NON-HSC HOSPITAL TOTAL	40	142	149,165.24	1050.46	.059	3729.13	61.89
ACCOMMODATIONS	40	142	51,893.68	365.45	.059	1297.34	21.53
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.002	925.20	.38
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	39	138	50,968.48	369.34	.057	1306.88	21.15
ANCILLARIES	40	0	97,271.56	.00	.000	2431.79	40.36
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	745	2,988		72,274.99		24.19	1.240		97.01		29.99
MEDICAL	66	81		3,737.70		46.14	.034		56.63		1.55
SURGERY	69	115		3,685.59		32.05	.048		53.41		1.53
PATHOLOGY	360	1,055		12,578.94		11.92	.438		34.94		5.22
RADIOLOGY	116	145		10,495.57		72.38	.060		90.48		4.36
ROOM USE	352	658		25,721.82		39.09	.273		73.07		10.67
CROSSOVERS/ALL OTH OUTPTNT	375	934		16,055.37		17.19	.388		42.81		6.66
@COUNTY HOSPITAL TOTAL	1	17	\$	264.12	\$	15.54	.007	\$	264.12	\$.11
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	17		264.12		15.54	.007		264.12		.11
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	10		66.50		6.65	.004		66.50		.03
RADIOLOGY	1	1		80.02		80.02	.000		80.02		.03
ROOM USE	1	2		69.30		34.65	.001		69.30		.03
CROSSOVERS/ALL OTH OUTPTNT	1	4		48.30		12.08	.002		48.30		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITUR	ES M	IONTH-OF-PAYMENT RE	EPOR:	r for Jan	2003 THRU	DEC	2003	PA	GE 3,095
	FEE-FOR-SERVICE/DENT.										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR MEDICALI	LY I	NDIGENT - ADULTS -	- TOT	ΓAL					
							M	ONTH	HLY AVERAG	GE -	

2,410 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV]	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE	C		PEI	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	825	3,638	\$	785,114.97	\$	215.81	1.510	\$	951.65	\$ 325.77
COMM HOSP INPATIENT TOTAL	202	667		713,104.10		1069.12	.277		3530.22	295.89
HSC HOSPITALS	165	525		563,938.86		1074.17	.218		3417.81	234.00
NON-HSC HOSPITALS TOTAL	40	142		149,165.24		1050.46	.059		3729.13	61.89
ACCOMMODATIONS	40	142		51,893.68		365.45	.059		1297.34	21.53
ADMINISTRATIVE DAYS	1	4		925.20		231.30	.002		925.20	.38
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	39	138		50,968.48		369.34	.057		1306.88	21.15
ANCILLARIES	40	0		97,271.56		.00	.000		2431.79	40.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	744	2,971		72,010.87		24.24	1.233		96.79	29.88
MEDICAL	66	81		3,737.70		46.14	.034		56.63	1.55
SURGERY	69	115		3,685.59		32.05	.048		53.41	1.53
PATHOLOGY	359	1,045		12,512.44		11.97	.434		34.85	5.19
RADIOLOGY	115	144		10,415.55		72.33	.060		90.57	4.32
ROOM USE	351	656		25,652.52		39.10	.272		73.08	10.64
CROSSOVERS/ALL OTH OUTPINT	374	930		16,007.07		17.21	.386		42.80	6.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	.00
@NURSING FACILITY	70	2,833	\$	640,177.69	\$	225.97	1.176	\$	9145.40	\$ 265.63
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	16	603		335,479.74		556.35	.250		20967.48	139.20
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	54	2,230		304,697.95		136.64	.925		5642.55	126.43
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	1	\$	29.58	\$	29.58	.000	\$	29.58	\$.01
HOSPITAL BASED	1	1		29.58		29.58	.000		29.58		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	367	1,213	\$	14,658.73	\$	12.08	.503	\$	39.94	\$	6.08
PATHOLOGY	367	1,213		14,658.73		12.08	.503		39.94		6.08
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	469	1,566	\$	117,222.70	\$	74.85	.650	\$	249.94	\$	48.64
CLINIC	106	614		12,630.96		20.57	.255		119.16		5.24
SURGICENTER	1	7		262.68		37.53	.003		262.68		.11
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	362	945		104,329.06		110.40	.392		288.20		43.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR'	r for Jan	2003 THRU	DEC	2003	PI	AGE 3,096
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES F	OR MEDICA	LLY	INDIGENT - ADULTS	- TO'	TAL					

2,410 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 282 1,426 33,907.09 \$ 23.78 .592 \$ 120.24 \$ 14.07 17 66.81 70.99 DURABLE MED. EQUIP. 16 1,135.76 .007 .47 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .000 0 0 .00 .00 .00 77 MEDICAL TRANSPORTATION 1,080 11,123.29 10.30 .448 144.46 4.62 AMBULANCES/AIR TRANS 1,034 10,971.59 10.61 .429 148.26 4.55 OTHER TRANS 3 45 139.84 3.11 .019 46.61 .06 OTHER SERVICES 11.86 11.86 .000 11.86 .00 ACUPUNCTURE Ω .00 .00 .000 .00 .00 .001 ADULT DAY HEALTH CARE CTR 219.18 73.06 219.18 .09 115 11,925.00 103.70 104.61 GENETIC DISEASE TESTING .048 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 .025 OPTICIAN 582.25 9.55 21.56 .24 .008 PHYSICAL THERAPIST 1,030.96 51.55 147.28 .43 17 PORTABLE X-RAY 357.76 21.04 .007 71.55 .15 65.05 48.63 88.03 5.49 .00 47 96 PROSTHETIST/ORTHOTISTS 6,244.58 .040 132.86 2.59 PROSTHETICS 14 56 2,723.50 .023 194.54 1.13 40 ORTHOTICS 38 3,521.08 .017 92.66 1.46 PSYCHOLOGIST 6 32.91 .002 16.46 .01 SPEECH AND AUDIOLOGY .00 .000 .00 .00 0 1,255.40 627.70 HOSPICE SERVICES 11 114.13 .005 .52 Ο .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 0 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .000 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 ALL OTHER PROVIDERS 0 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* 136,992.76 5956.21 \$ 606.16 .094 \$ 56.84 @XOVER EXCLUDING STATE HOSP** 10 27 321.94 \$ 11.92 .011 \$ 32.19 \$.13

FRESNO COUNTY SUMMARY OF SERVICES FOR ALL AGED

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,097
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

174,652 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	133,775 28,221	7,189,067 \$		109,813,102.43		5.28	41.162		820.88	\$	628.75
	28,221	133,075 \$.5.33	.762	\$	72.31	\$	11.68
OUTPATIENT VISITS	28,221 3,248 2,673	4,723		169,714.15		35.93	.027		52.25		.97
OFFICE VISITS	2,673	3,864		122,502.99		31.70	.022		45.83		.70
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	476	552		40,866.31	•	74.03	.003		85.85		.23
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	252	307 2,073		6,344.85	,	20.67	.002		25.18		.04
INPATIENT VISITS	525	2,073		89,936.75	4	13.38	.012		171.31		.51
HOSPITAL VISITS	404	1,810		75,342.97	4	11.63	.010		186.49		.43
CRITICAL CARE	28	80		8,988.42	13	2.36	.000		321.02		.05
SNF/ICF/TRANS IP CARE	121	183		5,605.36		30.63	.001		46.33		.03
OPHTHALMOLOGICAL SERVICES	352	403		14,051.93		34.87	.002		39.92		.08
EXAMINATIONS	351	402		14,031.93		34.91	.002		39.98		.08
SERVICES AND MATERIALS	1	1		20.00		20.00	.000		20.00		.00
INPATIENT HOSPITAL SURGERY	198	1,486		106,056.63		71.37	.009		535.64		.61
PRINCIPAL SURGEON	158	343		87,328.32		4.60	.002		552.71		.50
ASSISTANT SURGEON	28	30		6,404.96		3.50	.000		228.75		.04
ANESTHESIOLOGIST	48	1,113		12,323.35		1.07	.006		256.74		.07
OUTPATIENT SURGERY	434	808		133,224.96		4.88	.005		306.97		.76
PRINCIPAL SURGEON	396	503		126,084.49		0.66	.003		318.40		.72
ASSISTANT SURGEON	2	2		199.55		9.78	.000		99.78		.00
ANESTHESIOLOGIST	55	303		6,940.92		22.91	.002		126.20		.04
DIALYSIS	105	296		33,118.44		1.89	.002		315.41		.19
PATHOLOGY	105 1,038	2,786		29,060.38		.0.43	.016		28.00		.17
RADIOLOGY	1,380	3,034		104,683.74	-	34.50	.017		75.86		.60
PSYCHIATRY	0	0		.00	•	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	256	1,700		45,621.90		26.84	.010		178.21		.26
OTHER SERVICES/ALL X-OVERS	24,276	115,766		1,315,225.63		1.36	.663		54.18		7.53
@PHARMACY	113,642	3,077,072 \$		31,159,246.36	\$.0.13	17.618	Ġ	274.19	Ċ	178.41
PRESCRIPTION DRUGS	111,160	480,562		29,552,931.55	ν -	51.50	2.752	Y	265.86	Ÿ	169.21
SNF/ICF	17,214	96,551		5,220,207.95		54.07	.553		303.25		29.89
OUTPATIENTS	94,785	384,011		24,332,723.60		3.36	2.199		256.71		139.32
MEDICAL SUPPLIES	17,117	2,596,510		1,606,314.81		.62	14.867		93.84		9.20
@DENTIST	8,531	36,985 \$		1,730,702.10		.02 16.79	.212	ė.	202.87	ċ.	9.20
VISITS - DIAGNOSTIC	5,328	20,671		236,823.90	٠,	1.46	.118	Ą	44.45	Ą	1.36
ORAL SURGERY	1,407	4,501		232,677.78	-	51.69	.026		165.37		1.33
	1,407	7		90.00		2.86	.000		15.00		.00
DRUGS	16	17		1,500.00		88.24	.000		93.75		.01
ANESTHESIA	766										
PERIODONTICS	311	806 424		98,111.75 91,103.00		21.73	.005		128.08		.56
ENDODONTICS	1,831					4.87 79.95	.002		292.94		.52
RESTORATIVE DENTISTRY	•	5,037		402,701.75			.029		219.94		2.31
PROSTHETICS	79	85		2,549.80		30.00	.000		32.28 322.64		.01
DENTURES, STAYPLATES	2,058	5,285		663,996.10	Ι.	25.64	.030				3.80
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		.00	2.0	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	3		1,148.02	38	32.67	.000		1148.02		.01
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	149	148		.00		.00	.001		.00	_	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	M	ONTH-OF-PAYMENT RI	EDOKI, P.	OR JAN	2003 THRU	DEC	2003	PA	AGE 3,098
MOP024	FEE-FOR-SERVICE										01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR ALL AGED								~=	
154 650 5						~			HLY AVERA		
174,652 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			' UNITS/DAY				COST PER
	2 444	OR DAYS OF CARE		100 100 10			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3,444	8,878 \$		173,197.42		9.51	.051	Ş	50.29	Ş	.99
DIAGNOSTIC AND ANC. PROCED	759	761		30,705.86	4	10.35	.004		40.46		.18

EYE APPLIANCES	2,310	6,618		115,846.01		17.50	.038		50.15		.66
OTHER OPTOMETRIC SERVICES		1,499		26,645.55		17.78	.009		26.83		.15
@CHIROPRACTOR	80	172	\$	2,217.47	Ġ	12.89	.001	Ġ		Ġ	.01
VISITS		61	Ą	1,011.56	Ą	16.58	.000	Ą	38.91	Ą	.01
VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	Z0	111		1,205.91		10.86			20.44		.01
OTHER SERVICES	2 52			1,205.91		10.86					
@PODIATRIST	3,/35	5,351	\$	48,151.36	Ş		.031	Ş	12.89	Ş	. 28
MEDICINE/INJECTIONS	80	87		2,733.87		31.42	.000		34.17		.02
SURGERY/ANES.	9	12		722.27		60.19	.000		80.25		.00
RADIO./PATHOLOGY	9	9 5,243		155.70		17.30	.000		17.30		.00
OTHER	3,659	5,243		44,539.52		8.50	.030		12.17		.26
@HOME HEALTH AGENCY	77	604	\$	42,856.39	\$	70.95	.003	\$	556.58	\$.25
NURSE ANESTHESIST	67	299	\$	2,709.79	\$	9.06	.002	\$	40.44	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIAIRIC NURSE PRACILIIONER	8	9	Ė	415.33	\$.000		51.92		.00
FAMILY NURSE PRACTITIONER	126 14,148	299 299 60,332	Ė	4,777.04	\$.002				.03
@TOTAL HOSPITAL	14.148	60.332	Š	8,160,645.46	Š	135.26			576.81		46.73
HOSP INPATIENT TOTAL	2,040	11,877	Ψ.	6,783,689.29	Υ	571.16	.068	~	3325.34	Υ.	38.84
HSC HOSPITALS	2,010	5,165		5 101 229 60		1005 08	.030		6480.93		29.72
NON-HSC HOSPITAL TOTAL	801 107 107	623		709,298.39		1138.52	.004		6628.96		4.06
NON-HSC HOSPITAL TOTAL	107	623		228,666.29		367.04	.004		2137.07		1.31
ACCOMMODATIONS	107	201									
ADMINISTRATIVE DAYS	38			42,082.00		209.36	.001		1107.42		.24
TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	69	422		186,584.29		442.14	.002		2704.12		1.07
ANCILLARIES	107 38 0 69 107	0		480,632.10		.00	.000		4491.89		2.75
INPATIENT CROSSOVERS	1,163	6,089		883,162.21		145.04	.035		759.38		5.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13,038	48,455		1,376,956.17		28.42	.277		105.61		7.88
MEDICAL	678	1,203		62,447.15		51.91	.007		92.10		.36
SURGERY	183	197		14,311.64		72.65	.001		78.21		.08
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	1,111	4,697		54,774.50		11.66	.027		49.30		.31
RADIOLOGY	861			135,037.29		80.00	.010		156.84		.77
ROOM USE	1.750	2.828				41.20	.016		66.58		.67
CROSSOVERS/ALL OTH OUTPTNT	11.364	37.842				26.26	.217		87.46		5.69
@COUNTY HOSPITAL TOTAL	45	165	\$	23 928 61	Ś	145.02		Ś	531.75	Ś	.14
CO HOSPITAL INPATIENT TOTAL	7	16	٧	993,864.87 23,928.61 18,517.16	~	1157.32	.000	~	2645.31	۲	.11
HSC HOSPITALS	11,364 45 7 7 0 0 0 0 0 0 0 0 40 3	1,688 2,828 37,842 165 16 0 0 0 0 0 0 0		18,517.16		1157.32	.000		2645.31		.11
NON-HSC HOSPITALS TOTAL	,	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DATS	0	0		.00					.00		
TRANSITIONAL IP CARE	0	U				.00	.000				.00
ALL OTHER ACCOM	U	U		.00		.00	.000		.00		.00
ANCILLARIES	U	U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0			.00		.00	.000		.00 135.29 99.50		.00
CO HOSP OUTPATIENT TOTAL	40	149		5,411.45		36.32	.001		135.29		.03
MEDICAL	3	8		298.49		37.31	.000		99.50		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	30		360.16		12.01	.000		90.04		.00
RADIOLOGY	2	6		652.31		108.72	.000		326.16		.00
ROOM USE	6	10		367.13		36.71	.000		61.19		.00
CROSSOVERS/ALL OTH OUTPTNT	34	95		3,733.36		39.30	.001		109.80		.02
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT R	EPOR			DEC	2003	P	AGE 3,099
MOP024	FEE-FOR-SERVICE				_						01/29/04
FRESNO COUNTY		VICES FOR ALL AGE	D								,,
11120110 0001111	SOLUTION OF SERVI	1020 1011 1122 1102	_				M	ONT	HLY AVERA	GE	
174,652 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	⊼ 17	ERAGE COST					COST PER
1,1,002 50101000	ONERD	OR DAYS OF CARE		TW TWDIIONED		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14,107	60,167	\$	8,136,716.85		135.24	.344		576.79		46.59
	•	11,861	ې		Ą	570.37	.068	ې		Ą	38.74
COMM HOSP INPATIENT TOTAL	2,033	•		6,765,172.13					3327.68 6514.75		29.62
HSC HOSPITALS	794	5,149		5,172,711.53		1004.61	.029		0014.70		49.04

NON-HSC HOSPITALS TOTAL	107	623	709,298.39	1138.52	.004	6628.96		4.06
ACCOMMODATIONS	107	623	228,666.29	367.04	.004	2137.07		1.31
ADMINISTRATIVE DAYS	38	201	42,082.00	209.36	.001	1107.42		.24
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	69	422	186,584.29	442.14	.002	2704.12		1.07
ANCILLARIES	107	0	480,632.10	.00	.000	4491.89	:	2.75
INPATIENT CROSSOVERS	1,163	6,089	883,162.21	145.04	.035	759.38	!	5.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	13,000	48,306	1,371,544.72	28.39	.277	105.50		7.85
MEDICAL	675	1,195	62,148.66	52.01	.007	92.07		.36
SURGERY	183	197	14,311.64	72.65	.001	78.21		.08
PATHOLOGY	1,107	4,667	54,414.34	11.66	.027	49.15		.31
RADIOLOGY	859	1,682	134,384.98	79.90	.010	156.44		.77
ROOM USE	1,744	2,818	116,153.59	41.22	.016	66.60		.67
CROSSOVERS/ALL OTH OUTPINT	11,332	37,747	990,131.51	26.23	.216	87.37	!	5.67
@STATE HOSPITAL	9	248	\$ 113,878.89	\$ 459.19	.001	\$ 12653.21	\$.65

MENTALLY ILL	9	248		113,878.89		459.19	.001		12653.21		.65
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	19,189	574,141	\$	58,797,321.27	\$	102.41	3.287	\$	3064.12	\$	336.65
LEV A-INTERMEDIATE	4	91		7,969.86		87.58	.001		1992.47		.05
LEV B-REHAB MD	6	153		15,180.75		99.22	.001		2530.13		.09
LEV B-SUBACUTE FREESTANDING	47	1,575		514,228.83		326.49	.009		10941.04		2.94
LEV B-SUBACUTE HSPTL BASED	14	492		204,707.24		416.07	.003		14621.95		1.17
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19,119	571,830		58,055,234.59		101.53	3.274		3036.52		332.41
@INTERMEDIATE CARE FACILDD	41	1,087	\$	154,370.99	\$	142.02	.006	\$	3765.15	\$.88
ICF DDH	24	612		74,285.35		121.38	.004		3095.22		.43
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	17	475		80,085.64		168.60	.003		4710.92		.46
@HEMODIALYSIS TOTAL	1,071	6,500	\$	790,865.96	\$	121.67	.037	\$	738.44	\$	4.53
HOSPITAL BASED	25	46		100,774.04		2190.74	.000		4030.96		.58
HEMODIALYSIS CENTER	1,046	6,454		690,091.92		106.92	.037		659.74		3.95
@REHABILITATION FACILITY	20	64	\$	1,865.29	\$	29.15	.000	\$	93.26	\$.01
HOSPITAL BASED	20	64		1,865.29		29.15	.000		93.26		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	960	6,128	\$	56,458.59	\$	9.21	.035	\$	58.81	\$.32
PATHOLOGY	914	6,017		55,866.57		9.28	.034		61.12		.32
XO AND OTHERS	46	111		592.02		5.33	.001		12.87		.00
@ORGANIZED OUTPATIENT CLINIC	10,408	18,169	\$	676,845.16	\$	37.25	.104	\$	65.03	\$	3.88
CLINIC	115	640		9,899.65		15.47	.004		86.08		.06
SURGICENTER	283	574		49,129.88		85.59	.003		173.60		.28
HEROIN DETOX CLINIC	10	126		1,467.90		11.65	.001		146.79		.01
RURAL HEALTH CLINIC	10,033	16,829		616,347.73		36.62	.096		61.43		3.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2003 THRU	DEC	2003	P.	AGE 3,100
MOP024	FEE-FOR-SERVICE/DE	ENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	ES FOR ALL AG	ED								
							M	ONT	HLY AVERA	GE	

FRESNO COUNTY	SUMMARY OF SER	VICES FOR ALL AGED					
					MON	THLY AVERAG	E
174,652 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	23,622	3,259,654 \$	5,855,883.05	\$ 1.80	18.664 \$	247.90	\$ 33.53
DURABLE MED. EQUIP.	854	3,643	478,108.36	131.24		559.85	2.74
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS		515	248,436.87	482.40	.003		
MEDICAL TRANSPORTATION	4,988	270,193	973,036.26	3.60	1.547	195.08	5.57
AMBULANCES/AIR TRANS	1,406	14,421	205,920.12	14.28	.083	146.46	1.18
OTHER TRANS	2,733	243,644	698,534.23		1.395	255.59	4.00
OTHER SERVICES	1,270			5.65	.069	54.00	.39
ACUPUNCTURE	85	184	3,503.36	19.04	.001	41.22	.02
ADULT DAY HEALTH CARE CTR	2,120	32,212	2,234,133.10	69.36	.184	1053.84	12.79
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	1,908	7,108	558,293.61		.041	292.61	3.20
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,316	9,951	140,069.45	14.08	.057	32.45	.80
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	290	929	5,206.69	5.60	.005	17.95	.03
PROSTHETIST/ORTHOTISTS	487	1,035	30,352.39		.006	62.33	.17
PROSTHETICS	477	1,024	29,814.02	29.12	.006	62.50	.17
ORTHOTICS	10	11	538.37	48.94	.000	53.84	.00
PSYCHOLOGIST	11	18	258.19	14.34	.000	23.47	.00
SPEECH AND AUDIOLOGY	870	1,703	111,436.32	65.44	.010	128.09	.64
HOSPICE SERVICES	145	2,355	247,867.74		.013	1709.43	1.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	13	126.90	9.76	.000	25.38	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

9,962 2,929,795 825,053.81 16.775 82.82 4.72 ALL OTHER PROVIDERS .28 1,833.11 \$ @CALIF. CHILDREN SERVICES* 23 79.70 .000 \$ 130.94 \$ 14 .01 @XOVER EXCLUDING STATE HOSP** 44,414 829,769 \$ 6,705,194.55 \$ 8.08 4.751 \$ 150.97 \$ 38.39

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,101
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY	SUMMARY OF SER	VICES FOR ALL BLINI	D						
						MON	NTHLY AVERAG	GΕ	
9,598 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	7,689	725,068	\$	6,362,294.70	\$ 8.77	75.544	827.45	\$	662.88
@PHYSICIANS SERVICES	2,762	18,702	\$	321,100.13	\$ 17.17	1.949	116.26	\$	33.45
OUTPATIENT VISITS	2,762 1,311 1,010	2,040		68,679.21	33.67	.213	52.39		7.16
OFFICE VISITS	1,010	1,460		43,082.78	29.51	.152	42.66		4.49
HOME VISITS	1	1		34.30	34.30	.000	34.30		.00
EMERGENCY ROOM	188	231		15,157.22	65.62	.024	80.62		1.58
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	24	81		2,600.09	32.10	.008	108.34		.27
OTHER OUTPATIENT	205	267		7,804.82	29.23	.028	38.07		.81
INPATIENT VISITS	145	643		31,104.04	48.37	.067	214.51		3.24
HOSPITAL VISITS	109	557		25,265.54	45.36	.058	231.79		2.63
CRITICAL CARE	10	35		4,256.50	121.61	.004	425.65		.44
SNF/ICF/TRANS IP CARE	35	51		1,582.00	31.02	.005	45.20		.16
OPHTHALMOLOGICAL SERVICES	138	169		7,071.33	41.84	.018	51.24		.74
EXAMINATIONS	138	169		7,071.33	41.84	.018	51.24		.74
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	61	199		22,549.85	113.32	.021	369.67		2.35
PRINCIPAL SURGEON	52	83		19,264.56	232.10	.009	370.47		2.01
ASSISTANT SURGEON	3	3		307.64	102.55	.000	102.55		.03
ANESTHESIOLOGIST	12	113		2,977.65	26.35	.012	248.14		.31
OUTPATIENT SURGERY	144	489		45,811.30	93.68	.051	318.13		4.77
PRINCIPAL SURGEON	130	173		41,516.36	239.98	.018	319.36		4.33
ASSISTANT SURGEON	2	2		446.76	223.38	.000	223.38		.05
ANESTHESIOLOGIST	22	314		3,848.18	223.38 12.26	.033	174.92		.40
DIALYSIS	54	248		17,305.79	69.78	.026	320.48		1.80
PATHOLOGY	315	699		8,735.10	12.50	.073	27.73		.91
RADIOLOGY	361	715		28,912.62	40.44	.074	80.09		3.01
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	86	357		3,664.03	10.26	.037	42.61		.38
OTHER SERVICES/ALL X-OVERS	1,353	13,143		87,266.86	6.64	1.369	64.50		9.09
@DIIADMA CV	86 1,353 6,185	268,969	\$		\$ 8.90	28.023		\$	249.49
PRESCRIPTION DRUGS	5,992	28,563	•	2,196,678.01	76.91	2.976	366.60		228.87
SNF/ICF	264	1,594		109,252.50	68.54	.166	413.84		11.38
OUTPATIENTS	5,746	26,969		2,087,425.51	77.40	2.810	363.28		217.49
MEDICAL SUPPLIES	5,992 264 5,746 1,513	240,406		197,911.61	.82	25.048	130.81		20.62
@DENTIST	564 392 96 2 3 72	2,826	\$		\$ 39.63	.294	198.58	\$	11.67
VISITS - DIAGNOSTIC	392	1,748	•	19,717.55	11.28	.182	50.30	•	2.05
ORAL SURGERY	96	264		12,527.93	47.45	.028	130.50		1.31
DRUGS	2	3		.00	.00	.000	.00		.00
ANESTHESIA	3	3		200.00	66.67	.000	66.67		.02
PERIODONTICS	72	80		10,349.00	129.36	.008	143.74		1.08
ENDODONTICS		32		7,626.00	238.31	.003	317.75		.79
RESTORATIVE DENTISTRY	153	474		38,902.10	82.07	.049	254.26		4.05
PROSTHETICS	5	6		445.00	74.17	.001	89.00		.05
DENTURES, STAYPLATES	68	201		21,912.00	109.01	.021	322.24		2.28
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	3	3		322.23	107.41	.000	107.41		.03
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024

FEE-FOR-SERVICE/DENTAL

PAGE 3,102 01/29/04

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MOP024	FEE-FOR-SERVICE								01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIR	ND						
						MON'	THLY AVERAC	GE ·	
9,598 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/DAY	Y PER ELIG	USER]	ELIGIBLE
@OPTOMETRIST	135	338	\$	11,282.93	\$ 33.38	.035 \$	83.58	\$	1.18
DIAGNOSTIC AND ANC. PROCED	69	75		3,441.10	45.88	.008	49.87		.36
EYE APPLIANCES	94	241		7,554.06	31.34	.025	80.36		.79
OTHER OPTOMETRIC SERVICES	13	22		287.77	13.08	.002	22.14		.03
@CHIROPRACTOR	32	74	\$	1,228.92	\$ 16.61	.008 \$	38.40	Ś	.13
VISITS	32	74	Υ	1,228.92	16.61	.008	38.40	Υ	.13
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	202	284	\$	4,704.06	\$ 16.56	.030 \$		\$.49
MEDICINE/INJECTIONS	67	76	Ų	1,870.24	24.61	.008	27.91	Y	.19
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
	2	2				.000	17.30		.00
RADIO./PATHOLOGY				34.60	17.30				
OTHER	141	206		2,799.22	13.59	.021	19.85		. 29
@HOME HEALTH AGENCY	41	175	\$	12,544.76	\$ 71.68	.018 \$	305.97		1.31
NURSE ANESTHESIST	2	25	Ş	219.74	\$ 8.79	.003 \$	109.87	\$.02
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	32	102	\$	1,324.40	\$ 12.98	.011 \$		\$.14
@TOTAL HOSPITAL	1,255	6,765	\$	1,043,990.62	\$ 154.32	.705 \$	831.87	\$	108.77
HOSP INPATIENT TOTAL	167	980		874,221.77	892.06	.102	5234.86		91.08
HSC HOSPITALS	101	618		729,821.68	1180.94	.064	7225.96		76.04
NON-HSC HOSPITAL TOTAL	19	101		107,896.03	1068.28	.011	5678.74		11.24
ACCOMMODATIONS	19	101		33,809.59	334.75	.011	1779.45		3.52
ADMINISTRATIVE DAYS	3	47		10,504.26	223.49	.005	3501.42		1.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	16	54		23,305.33	431.58	.006	1456.58		2.43
ANCILLARIES	19	0		74,086.44	.00	.000	3899.29		7.72
INPATIENT CROSSOVERS	50	261		36,504.06	139.86	.027	730.08		3.80
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,179	5,785		169,768.85	29.35	.603	143.99		17.69
MEDICAL	184	354		13,638.49	38.53	.037	74.12		1.42
SURGERY	77	127		5,796.13	45.64	.013	75.27		.60
PATHOLOGY	329	1,554		19,738.28	12.70	.162	59.99		2.06
RADIOLOGY	213	321		30,805.84	95.97	.033	144.63		3.21
	484	788		32,309.88	41.00	.082	66.76		3.37
ROOM USE				•					
CROSSOVERS/ALL OTH OUTPTNT		2,641	d	67,480.23	25.55	.275	96.82	4	7.03
@COUNTY HOSPITAL TOTAL	3	11	\$	239.25	\$ 21.75	.001 \$	79.75	Ş	.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	11		239.25	21.75	.001	79.75		.02
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	Ō		.00	.00	.000	.00		.00
PATHOLOGY	2	5		47.59	9.52	.001	23.80		.00
RADIOLOGY	1	1		39.72	39.72	.000	39.72		.00
ROOM USE	2	2		85.87	42.94	.000	42.94		.01
	2	_		22.07	12.71				

CROSSOVERS/ALL OTH OUTPTNT 3 3 66.07 22.02 .000 22.02 PAGE 3,103

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01/29/04

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

MOPU24	FEE-FOR-SERVICE		_								01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIN	D							~ =	
0 500								-	THLY AVERA	GE	
9,598 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,252	•	\$	1,043,751.37	\$	154.54	.704	\$		\$	
COMM HOSP INPATIENT TOTAL	167	980		874,221.77		892.06	.102		5234.86		91.08
HSC HOSPITALS	101	618		729,821.68		1180.94	.064		7225.96		76.04
NON-HSC HOSPITALS TOTAL	19	101		107,896.03		1068.28	.011		5678.74		11.24
ACCOMMODATIONS	19	101		33,809.59		334.75	.011		1779.45		3.52
ADMINISTRATIVE DAYS	3	47		10,504.26		223.49	.005		3501.42		1.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	16	54		23,305.33		431.58	.006		1456.58		2.43
ANCILLARIES	19	0		74,086.44		.00	.000		3899.29		7.72
INPATIENT CROSSOVERS	50	261		36,504.06		139.86	.027		730.08		3.80
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,176	5,774		169,529.60		29.36	.602		144.16		17.66
MEDICAL	184	354		13,638.49		38.53	.037		74.12		1.42
SURGERY	77	127		5,796.13		45.64	.013		75.27		.60
PATHOLOGY	327	1,549		19,690.69		12.71	.161		60.22		2.05
RADIOLOGY	212	320		30,766.12		96.14	.033		145.12		3.21
	482	786		32,224.01		41.00	.082		66.85		3.36
ROOM USE				67,414.16							7.02
CROSSOVERS/ALL OTH OUTPTNT		2,638	4	•	4	25.56	.275	4	97.14	4	
@STATE HOSPITAL	0		\$.00	\$.00	.000	Ş		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	4.	.00	4.	.00	.000		.00		.00
@NURSING FACILITY	268	•	\$	1,086,481.04	\$	143.77	.787	\$	4054.03	\$	113.20
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	9	398		230,059.63		578.04	.041		25562.18		23.97
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	259	7,159		856,421.41		119.63	.746		3306.65		89.23
@INTERMEDIATE CARE FACILDD	70		\$	327,787.34	\$	156.31		\$	4682.68	\$	34.15
ICF DDH	47	1,468		213,806.26		145.64	.153		4549.07		22.28
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	23	629		113,981.08		181.21	.066		4955.70		11.88
@HEMODIALYSIS TOTAL	328	2,220	\$	243,712.80	\$	109.78	.231	\$	743.03	\$	25.39
HOSPITAL BASED	1	1		192.70		192.70	.000		192.70		.02
HEMODIALYSIS CENTER	328	2,219		243,520.10		109.74	.231		742.44		25.37
@REHABILITATION FACILITY	73		\$	8,073.65	\$	17.40	.048	\$	110.60	\$.84
HOSPITAL BASED	20	81		1,987.04	•	24.53	.008		99.35		.21
INDEPENDENT FACILITY	53	383		6,086.61		15.89	.040		114.84		.63
@LABORATORY FACILITY	279		\$	20,086.57	\$	10.58	.198	Ś		Ġ	2.09
PATHOLOGY	279	1,899	Υ	20,086.57	τ	10.58	.198	Ψ.	71.99	~	2.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	724		\$	79,420.16	\$	55.23	.150	Ś		Ś	8.27
CLINIC	43	224	۲	5,571.42	٧	24.87	.023	٧	129.57	٧	.58
SURGICENTER	28	128		8,447.46		66.00	.013		301.70		.88
HEROIN DETOX CLINIC	3	39		431.34		11.06	.013		143.78		.04
RURAL HEALTH CLINIC	658	1,047		64,969.94		62.05	.109		98.74		6.77
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	C 1					חבות			PAGE 3,104
MOP024			יו כו	MONTH-OF-PAIMENT RE	EPORI	FOR UAN A	2003 IHKU	טפע	2003	1	·
	FEE-FOR-SERVICE		-								01/29/04
FRESNO COUNTY	SUMMAKY OF SERV	VICES FOR ALL BLIN	עו				76	¶∩ntr	יי מיינות אינועיק אינועיק אינועיק	تا ک	
0 E00 FITCIBLES	USERS	IMITE OF CERVICE		EXPENDITURES	7/ 7 7 7.	RAGE COST			THLY AVERA	LGL	COST PER
9,598 ELIGIBLES	CALCO	UNITS OF SERVICE		FVLFINDTIOKF2					USER		
WALL OLDED DDOMIDEDG	1 600	OR DAYS OF CARE	Ġ	602 716 15		UNIT/DAY				ب	ELIGIBLE 72.28
@ALL OTHER PROVIDERS	1,688	411,133	\$	693,746.15	\$	1.69	42.835	Ą	410.99	Ą	14.40

DURABLE MED. EQUIP.	101	435	110,207.20	253.35	.045	1091.16	11.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	22	10,815.79	491.63	.002	721.05	1.13
MEDICAL TRANSPORTATION	473	55,705	187,012.97	3.36	5.804	395.38	19.48
AMBULANCES/AIR TRANS	168	1,410	22,273.47	15.80	.147	132.58	2.32
OTHER TRANS	261	53,671	161,433.74	3.01	5.592	618.52	16.82
OTHER SERVICES	65	624	3,305.76	5.30	.065	50.86	.34
ACUPUNCTURE	2	3	59.47	19.82	.000	29.74	.01
ADULT DAY HEALTH CARE CTR	160	2,409	166,919.56	69.29	.251	1043.25	17.39
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	84	225	22,651.92	100.68	.023	269.67	2.36
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	231	541	23,424.60	43.30	.056	101.41	2.44
PHYSICAL THERAPIST	1	7	325.27	46.47	.001	325.27	.03
PORTABLE X-RAY	9	29	105.35	3.63	.003	11.71	.01
PROSTHETIST/ORTHOTISTS	37	135	9,341.29	69.19	.014	252.47	.97

PROSTHETICS	36	134	9,224.96	68.84	.014		256.25	.96
ORTHOTICS	1	1	116.33	116.33	.000		116.33	.01
PSYCHOLOGIST	1	4	275.41	68.85	.000		275.41	.03
SPEECH AND AUDIOLOGY	52	121	8,469.04	69.99	.013		162.87	.88
HOSPICE SERVICES	2	1	133.62	133.62	.000		66.81	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	192	16,405	74,259.46	4.53	1.709		386.77	7.74
EPSDT SUPPLEMENTAL SERVICE	1	326	9,587.66	29.41	.034	9	587.66	1.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	572	334,762	69,842.54	.21	34.878		122.10	7.28
@CALIF. CHILDREN SERVICES*	354	30,312	\$ 441,921.07	\$ 14.58	3.158	\$ 1	248.36	\$ 46.04
@XOVER EXCLUDING STATE HOSP**	1,787	41,245	\$ 384,585.20	\$ 9.32	4.297	\$	215.21	\$ 40.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 3,105 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

PRESNO COUNTI	SUMMAKI OF SEK	VICES FOR ADD DISAB	ا با لــاد				Mo	וידואר	TLY AWERA	GE	
322,004 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST					COST PER
322,001 EDIGIBLES	052165	OR DAYS OF CARE				R UNIT/DAY		_	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	278,479	15,859,912 \$;	215,887,347.75	\$	13.61	49.254		775.24		670.45
@PHYSICIANS SERVICES	96,756	510,150 \$			\$		1.584		123.93		37.24
OUTPATIENT VISITS	56,362	87,624		3,000,197.92	τ	34.24	.272	Τ.	53.23	~	9.32
OFFICE VISITS	42,149	59,853		1,764,253.82		29.48	.186		41.86		5.48
HOME VISITS	365	480		19,908.34		41.48	.001		54.54		.06
EMERGENCY ROOM	10,191	13,395		831,817.40		62.10	.042		81.62		2.58
PREVENTIVE CARE	16	16		834.31		52.14	.000		52.14		.00
OB VISITS/COMPRE PERI	529	2,553		69,439.33		27.20	.008		131.27		.22
OTHER OUTPATIENT	8,484	11,327		313,944.72		27.72	.035		37.00		.97
INPATIENT VISITS	6,542	28,699		1,440,187.80		50.18	.089		220.14		4.47
HOSPITAL VISITS	4,815	22,413		994,633.95		44.38	.070		206.57		3.09
CRITICAL CARE	437	2,041		296,815.83		145.43	.006		679.21		.92
SNF/ICF/TRANS IP CARE	1,726	4,245		148,738.02		35.04	.013		86.17		.46
OPHTHALMOLOGICAL SERVICES	1,874	2,225		96,049.21		43.17	.007		51.25		.30
EXAMINATIONS	1,872	2,222		95,879.91		43.15	.007		51.22		.30
SERVICES AND MATERIALS	3	3		169.30		56.43	.000		56.43		.00
INPATIENT HOSPITAL SURGERY	2,476	12,578		1,303,013.63		103.59	.039		526.26		4.05
PRINCIPAL SURGEON	2,027	4,000		1,068,694.87		267.17	.012		527.23		3.32
ASSISTANT SURGEON	237	259		54,701.62		211.20	.001		230.81		.17
ANESTHESIOLOGIST	627	8,319		179,617.14		21.59	.026		286.47		.56
OUTPATIENT SURGERY	5,306	10,995		1,088,272.86		98.98	.034		205.10		3.38
PRINCIPAL SURGEON	4,807	6,242		978,961.30		156.83	.019		203.65		3.04
ASSISTANT SURGEON	29	32		4,302.56		134.46	.000		148.36		.01
ANESTHESIOLOGIST	730	4,721		105,009.00		22.24	.015		143.85		.33
DIALYSIS	732	2,860		219,253.11		76.66	.009		299.53		.68
PATHOLOGY	12,048	29,315		348,474.85		11.89	.091		28.92		1.08
RADIOLOGY	16,194	34,498		1,228,145.97		35.60	.107		75.84		3.81
PSYCHIATRY	31	40		1,088.12		27.20	.000		35.10		.00
IMMUNIZATION AND INJECTION		46,354		1,044,540.39		22.53	.144		224.87		3.24
OTHER SERVICES/ALL X-OVERS	36,966	254,962	_	2,221,537.68		8.71	.792		60.10		6.90
@PHARMACY	217,174	6,099,001 \$	5		\$	13.69	18.941	\$	384.48	Ş	259.31
PRESCRIPTION DRUGS	212,344	987,888		76,042,800.30		76.98	3.068		358.11		236.15
SNF/ICF	9,071	55,832		4,519,825.16		80.95	.173		498.27		14.04
OUTPATIENTS	204,000	932,056		71,522,975.14		76.74	2.895		350.60		222.12
MEDICAL SUPPLIES	33,986	5,111,113		7,455,543.66	4	1.46	15.873	ė.	219.37	ė.	23.15
@DENTIST VISITS - DIAGNOSTIC	25,514	126,969 \$ 77,554	•	4,962,332.01 867,381.38	Ş	39.08 11.18	.394 .241	Þ	194.49 51.28	Ş	15.41 2.69
ORAL SURGERY	16,914 3,979	11,434		•			.241 .036		162.35		2.69
INADNUG LAND	3,319	11,434		040,000.05		30.30	.030		104.35		Z.UI

DRUGS	184	384	6,369.50	16.59	.001	34.62	.02
ANESTHESIA	168	170	15,850.00	93.24	.001	94.35	.05
DRUGS ANESTHESIA PERIODONTICS	3,391	3,661	443,123.65	121.04	.011	130.68	1.38
FINDODONITICS	1,300 7,217	•		200.93		293.20	1.18
ENDODONTICS	1,300	1,897	381,163.50		.006		
RESTORATIVE DENTISTRY	7,217	21,658	1,598,350.61	73.80	.067	221.47	4.96
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOPO 24	220	237	5,697.50	24.04	.001	25.90	.02
DENTURES, STAYPLATES	3,035	8,811	953,303.58	108.19	.027	314.10	2.96
SPACE MAINTAINERS	. 22	35	3,197.00	91.34	.000	145.32	.01
MAXILLOFACIAL SERVICES	72	84	7,746.64	92.22	.000	107.59	.02
EDACTIDEC DICLOCATIONS	7 2	4	3,200.00	800.00	.000	1600.00	.01
FRACTURES, DISLUCATIONS	2						
ORTHODONTIC SERVICES	287	371	30,285.00	81.63	.001	105.52	.09
ALL OTHER SERVICES	404	669	655.00	.98	.002	1.62	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 3,106
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
FRESNO COUNTY	SIMMARY OF SERV	JICES FOR ALL DISABL	FD				,,
PRESNO COUNTI	SOMMAN OF SERV	VICES FOR ALL DISABLE	שפ		MONT	ת מתודע אנודים	CE
202 204					MON'		
322,004 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	6,560	18,646 \$	400,240.20	\$ 21.47	.058 \$	61.01	\$ 1.24
DIAGNOSTIC AND ANC. PROCED	3,162	3,207	144,972.35	45.20	.010	45.85	.45
EYE APPLIANCES	4,930	14,199	235,006.61	16.55	.044	47.67	.73
OTHER OPTOMETRIC SERVICES	791 1,222 1,160 66 5,153 2,482	1,240	20,261.24	16.34	.004	25.61	.06
@CHIROPRACTOR	1,222	2,217 \$	36,491.75	\$ 16.46	.007 \$	29.86	
VISITS	1,160	2,122	35,238.90	16.61	.007	30.38	.11
OTHER SERVICES	66	95	1,252.85	13.19	.000	18.98	.00
@PODIATRIST	5 153	7,167 \$	145,296.98	\$ 20.27	.022 \$	28.20	\$.45
MEDICINE/INJECTIONS	2 482	2,750	70,223.12	25.54	.009	28.29	.22
GIDGEDY / NIEG	2,402	80	6,098.57	76.23	.000	87.12	.02
SURGERY/ANES.	7.0						
RADIO./PATHOLOGY	144	178	3,109.84	17.47	.001	21.60	.01
OTHER	2,482 70 144 2,759	4,159	65,865.45	15.84	.013	23.87	.20
@HOME HEALTH AGENCY	1,254 92	86,484 \$	2,758,963.16	\$ 31.90	.269 \$	2200.13	\$ 8.57
NURSE ANESTHESIST	92	535 \$	5,644.21	\$ 10.55	.002 \$	61.35	\$.02
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	8 \$	115.84	\$ 14.48	.000 \$	28.96	\$.00
	1,169						
FAMILY NURSE PRACTITIONER	1,169	3,119 \$	51,737.97	\$ 16.59	.010 \$	44.26	\$.16
@TOTAL HOSPITAL	40,129	290,353 \$	46,184,010.11	\$ 159.06	.902 \$	959.59	
HOSP INPATIENT TOTAL	5,665	39,079	38,480,336.58	984.68	.121	6792.65	119.50
HSC HOSPITALS	4,157	29,011	34,514,890.69	1189.72	.090	8302.84	107.19
NON-HSC HOSPITAL TOTAL	481	2,824	2,905,179.77	1028.75	.009	6039.87	9.02
ACCOMMODATIONS	4,157 481 480 160 0 324 481 1,157 0 45,074	2,824	941,609.23	333.43	.009	1961.69	2.92
ADMINISTRATIVE DAYS	160	1,385	313,962.43	226.69	.004	1962.27	.98
ADMINISTRATIVE DATS	100	•					
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	324	1,439	627,646.80	436.17	.004	1937.18	1.95
ANCILLARIES	481	0	1,963,570.54	.00	.000	4082.27	6.10
INPATIENT CROSSOVERS	1,157	7,244	1,060,266.12	146.36	.022	916.39	3.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	45,074	251,274	7,703,673.53	30.66	.780	170.91	23.92
MEDICAL	8,536	16,954	814,821.77	48.06	.053	95.46	2.53
SURGERY	2,770	4,208	170,758.35	40.58	.013	61.65	.53
PATHOLOGY	14,456	69,594	842,473.25	12.11	.216	58.28	2.62
RADIOLOGY	9,383	15,993	1,376,228.31	86.05	.050	146.67	4.27
ROOM USE	21,711	36,575	1,511,386.94	41.32	.114	69.61	4.69
CROSSOVERS/ALL OTH OUTPTNT		107,950	2,988,004.91	27.68	.335	117.79	9.28
@COUNTY HOSPITAL TOTAL	240	1,057 \$	266,706.29	\$ 252.32	.003 \$	1111.28	
					•		
CO HOSPITAL INPATIENT TOTAL		214	234,910.12	1097.71	.001	6181.85	.73
HSC HOSPITALS	36	199	231,914.94	1165.40	.001	6442.08	.72
NON-HSC HOSPITALS TOTAL	1	1	1,315.18	1315.18	.000	1315.18	.00
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
IIIIIIOIIII II CIIII	9	9	.00	• 0 0	. 500	.00	.00

ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	1	0	1,083.88	.00	.000	1083.88	.00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	2	14	1,083.88 1,680.00 .00 31,796.17 3,549.26 563.30 3,734.93 5,567.06 5,775.57	120.00	. 000	840.00 .00 151.41 52.20	.01
ALL OTHER INDATIONS	0	0	1,000.00	120.00	000	010.00	.00
ALL OIRER INPAILENT	0	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	210	843	31,796.17	37.72	.003	151.41	.10
MEDICAL	68	90	3,549.26	39.44	.000	52.20	.01
SURGERY	15	25	563 30	22 53	.000	37 55	.00
		2.3	2 724 22	12.15	.000	37.55 58.36 111.34 47.73	.00
PATHOLOGY	64	284	3,/34.93	13.15	.001	58.36	.01
RADIOLOGY	50	84	5,567.06	66.27	.000	111.34	.02
ROOM USE	121	151	5 775 57	38 25	.000	47 73	.02
		209	12,606.05	60.32	.001	118.93	.04
CROSSOVERS/ALL OTH OUTPTNT		209	12,000.03	00.32	.001		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES N	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DI	EC 2003	PAGE 3,107
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
FRESNO COUNTY	STIMMARY OF SERV	ICES FOR ALL DISABLE	ED.				- , - , -
11120110 0001111	SOLUTION OF SELLY	1020 1011 1122 21011221			MON	JTHIV AVERA	GE
322,004 ELIGIBLES	USERS	INTEC OF CEDUTOR	EXPENDITURES	MITERACE COCT	_		COST PER
322,004 ELIGIBLES	USERS	UNITS OF SERVICE	EAPENDITURES				
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	47.947	289,296 \$	45,917,303.82	\$ 158.72	.898	957.67	\$ 142.60
COMM HOCD INDATTENT TOTAL	E 620	20 065	20 245 426 46	001 06	121	6793.15	118.77
COMM HOSP INPALLENT TOTAL	5,030	30,003	36,243,420.40	304.00	.121 .089	0793.13	
HSC HOSPITALS	4,123	28,812	34,282,975.75	1189.89	.089	8315.06	106.47
NON-HSC HOSPITALS TOTAL	480	2,823	2,903,864.59	1028.64	.009	6049.72	9.02
ACCOMMODATIONS	479	2 823	941 377 93	333 47	009	6049.72 1965.30	2.92
ACCOMMODATIONS	1.50	2,023	212 721 12	333.47	.009	1903.30	2.92
ADMINISTRATIVE DAYS	159	1,384	313,/31.13	226.68	.004	1973.15 .00	.97
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	324	1 439	627 646 80	436 17	.004	1937.18 4088.51	1.95
ANGILLADIEG	400	1,135	1 062 406 66	130.17	.001	4000 [1	6.09
ANCILLARIES	480		1,902,480.00	.00	.000	4088.51	6.09
INPATIENT CROSSOVERS	1,155	7,230	1,058,586.12	146.42	.022	916.52	3.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	916.52 .00 170.81 95.77 61.78 58.24 146.78 69.65	.00
COMM HOCD OUTDATTENT TOTAL	44 014	250 421	7 671 077 26	20 62	770	170 01	23.83
COMM HOSP COTPATIENT TOTAL	44,514	250,451	7,071,077.30	30.03	. / / 0	170.01	23.63
MEDICAL	8,471	16,864	811,272.51	48.11	.052	95.77	2.52
SURGERY	2,755	4,183	170,195.05	40.69	.013	61.78	.53
PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT ©STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED	14 401	69 310	939 739 32	12 10	215	50 21	2.60
PAIROLOGI	14,401	09,310	030,730.32	12.10	. 213	30.24	2.00
RADIOLOGY	9,338	15,909	1,370,661.25	86.16	.049	146.78	4.26
ROOM USE	21,617	36,424	1,505,611.37	41.34	.113	69.65	4.68
CROSSOVERS / ALL OTH OUTDINT	25 280	107 741	1,505,611.37 2,975,398.86 488,441.68 156,064.78 332,376.90 25,009,703.58	27 62	.335	117.70	9.24
CROSSOVERS/ADD OTH OUTFINE	23,200	1 017	400 441 60	d 400 00	.555		
@STATE HOSPITAL	28	1,01/ \$	488,441.68	\$ 480.28	.003	17444.35	
MENTALLY ILL	10	325	156,064.78	480.20	.001	15606.48	.48
DEVELOP DISABLED	1.8	692	332 376 90	480 31	.002	18465.38	1.03
	F F30	160 051 4	25 000 702 50	d 150.51	.002		
@NURSING FACILITY	5,532	162,851 \$	332,376.90 25,009,703.58 .00	\$ 153.57	.506	4520.92	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	2.0	519	60.379.40	116.34 354.93 468.71	.002	3018.97	.19
TEN D_CHDACHTE EDEECTANDING	208	6 764	2 400 739 10	35/1 93	.021	11542.01	7.46
LEV D-SUDACUIE FREESIANDING	200	0,704	2,400,739.10	334.33	.021		
LEV B-SUBACUTE HSPTL BASED	345	11,536	5,407,043.83	468.71	.036	15672.59	16.79
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
T.FV B-PECIII.AP	4 978	144 032	17 141 541 25	119 01	.447	3443.46	53.23
OTHERDMEDIAME CARE DAGIL DR	2,270	104 100 0	16 126 106 65	d 154 00	202	3113.10	55.25 6 FO 11
@INTERMEDIATE CARE FACILDD	3,363	104,120 \$	16,136,186.65	\$ 154.98	.3∠3	4798.15	
ICF DDH	1,972	61,353	.00 17,141,541.25 16,136,186.65 8,403,796.39	136.97	.191	4261.56	26.10
TCF DD	0	0	0.0	.00	.000	.00	.00
TOE DDM /DDGM	1 201	12 767	7 722 200 26	.00 180.80	.133	5558.87	24.01
ICF DDN/DDCN	1,391	42,707	1,132,390.20	100.00	.133	2220.07	24.01
@HEMODIALYSIS TOTAL	3,183	50,756 \$	3,278,530.44	\$ 64.59	.158	\$ 1030.01	\$ 10.18
HOSPITAL BASED	81	307	302,761.14	986.19	.001	3737.79	.94
	3,110	50,449	2,975,769.30	58.99	.157	956.84	
HEMODIALYSIS CENTER							9.24
@REHABILITATION FACILITY	2,148	14,356 \$	275,913.43	\$ 19.22	.045		\$.86
HOSPITAL BASED	970	4,189	116,322.07	27.77	.013	119.92	.36
INDEPENDENT FACILITY	1,189	10,167	159,591.36	15.70	.032	134.22	.50
@LABORATORY FACILITY	12,235	76,626 \$	819,993.84	\$ 10.70	.238		\$ 2.55
PATHOLOGY	12,175	76,460	818,779.27	10.71	.237	67.25	2.54
XO AND OTHERS	, 62	166	1,214.57	7.32	.001	19.59	.00
@ORGANIZED OUTPATIENT CLINIC	29,190	49,471 \$	3,283,286.22		.154		\$ 10.20
CLINIC	1,076	3,368	64,216.49	19.07	.010	59.68	.20

ALL OTHER ACCOM

0

0

.00

.00

.000

.00

SURGICENTER	743	3,017	155,640.19	51.59	.009	209.48	.48
HEROIN DETOX CLINIC	184	2,261	25,425.18	11.25	.007	138.18	.08
RURAL HEALTH CLINIC	27,304	40,825	3,038,004.36	74.42	.127	111.27	9.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 3,108
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR ALL DISABI	LED				

TREBINO COUNTY	DOMINIMET OF BEICV	TCDD TOK THE DIDINGED					
						NTHLY AVERA	-
322,004 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	53,545	8,256,030 \$	16,560,292.90	\$ 2.01	25.640	•	•
DURABLE MED. EQUIP.	3,702	13,682	3,183,682.87	232.69	.042	859.99	9.89
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	287	372	141,585.32	380.61	.001	493.33	.44
MEDICAL TRANSPORTATION	11,522	451,238	2,313,109.94	5.13	1.401	200.76	7.18
AMBULANCES/AIR TRANS	8,019	82,997	1,184,120.52	14.27	.258	147.66	3.68
OTHER TRANS	2,447	350,663	1,028,277.84	2.93	1.089	420.22	3.19
OTHER SERVICES	1,490	17,578	100,711.58	5.73	.055	67.59	.31
ACUPUNCTURE	378	767	13,935.23	18.17	.002	36.87	.04
ADULT DAY HEALTH CARE CTR	3,927	56,083	3,892,947.51	69.41	.174	991.33	12.09
GENETIC DISEASE TESTING	100	100	10,171.00	101.71	.000	101.71	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	1,340	60,309	1,847,371.44	30.63	.187	1378.64	5.74
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9,739	22,494	305,105.00	13.56	.070	31.33	.95
PHYSICAL THERAPIST	5	31	529.06	17.07	.000	105.81	.00
PORTABLE X-RAY	200	622	11,801.31	18.97	.002	59.01	.04
PROSTHETIST/ORTHOTISTS	1,473	4,654	408,263.52	87.72	.014	277.16	1.27
PROSTHETICS	1,419	4,571	400,719.21	87.67	.014	282.40	1.24
ORTHOTICS	60	83	7,544.31	90.90	.000	125.74	.02
PSYCHOLOGIST	79	258	6,481.85	25.12	.001	82.05	.02
SPEECH AND AUDIOLOGY	2,819	10,968	503,534.84	45.91	.034	178.62	1.56
HOSPICE SERVICES	105	2,149	278,107.02	129.41	.007	2648.64	.86
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9,022	159,392	945,680.34	5.93	.495	104.82	2.94
EPSDT SUPPLEMENTAL SERVICE	108	34,890	853,176.77	24.45	.108	7899.78	2.65
RESPIRATORY CARE PRACT.	36	36	1,061.28	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14,377	7,438,021	1,844,809.88	.25	23.099	128.32	5.73
@CALIF. CHILDREN SERVICES*	10,309	1,095,642 \$	17,730,838.44	\$ 16.18	3.403	\$ 1719.94	\$ 55.06
@XOVER EXCLUDING STATE HOSP**	44,711	739,186 \$	6,945,532.49	\$ 9.40	2.296	\$ 155.34	\$ 21.57
⊕* TOTALS IN THESE LINES APE	CIVEN AS A SEDAR	ATE INFORMATION ITEM OF	T.V:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL FAMILIES

						MON	ITHLY AVERA	GE
471,724 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	469,317	2,370,971	\$	109,949,689.00	\$ 46.37	5.026	234.28	\$ 233.08
@PHYSICIANS SERVICES	62,890	202,184	\$	10,231,050.77	\$ 50.60	.429	162.68	\$ 21.69
OUTPATIENT VISITS	42,631	85,593		2,751,883.93	32.15	.181	64.55	5.83
OFFICE VISITS	17,907	22,310		750,990.91	33.66	.047	41.94	1.59
HOME VISITS	30	35		1,689.26	48.26	.000	56.31	.00
EMERGENCY ROOM	11,388	12,817		698,130.99	54.47	.027	61.30	1.48
PREVENTIVE CARE	188	195		7,923.02	40.63	.000	42.14	.02
OB VISITS/COMPRE PERI	9,445	43,003		1,068,714.01	24.85	.091	113.15	2.27
OTHER OUTPATIENT	6,206	7,233		224,435.74	31.03	.015	36.16	.48
INPATIENT VISITS	5,748	21,482		1,836,438.45	85.49	.046	319.49	3.89
HOSPITAL VISITS	5,262	14,818		730,154.61	49.27	.031	138.76	1.55
CRITICAL CARE	644	6.563		1.102.265.22	167.95	.014	1711.59	2.34

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01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OPHTHALMOLOGICAL SERVICES 785 963 47,144.21 48.96 .002 60.06 .10 EXAMINATIONS 783 960 46,913.30 48.87 .002 59.91 .10 SERVICES AND MATERIALS 3 230.91 76.97 .000 76.97 .00 INPATIENT HOSPITAL SURGERY 5,252 20,365 2,909,337.46 142.86 .043 553.95 6.17 PRINCIPAL SURGEON 3,733 4,647 2,396,886.89 515.79 .010 642.08 5.08 ASSISTANT SURGEON 575 579 110,155.02 190.25 .001 191.57 .23 ANESTHESIOLOGIST 1,782 15,139 402,295.55 26.57 .032 225.76 .85 OUTPATIENT SURGERY 4,252 9,503 752,302.40 79.16 .020 176.93 1.59 PRINCIPAL SURGEON 3,551 4,609 622,325.67 135.02 .010 175.25 1.32 ASSISTANT SURGEON 40 40 5,5	SNF/ICF/TRANS IP CARE	37	101	4,018.62	39.79	.000	108.61	.01
SERVICES AND MATERIALS 3 3 230.91 76.97 .000 76.97 .00 INPATIENT HOSPITAL SURGERY 5,252 20,365 2,909,337.46 142.86 .043 553.95 6.17 PRINCIPAL SURGEON 3,733 4,647 2,396,886.89 515.79 .010 642.08 5.08 ASSISTANT SURGEON 575 579 110,155.02 190.25 .001 191.57 .23 ANESTHESIOLOGIST 1,782 15,139 402,295.55 26.57 .032 225.76 .85 OUTPATIENT SURGERY 4,252 9,503 752,302.40 79.16 .020 176.93 1.59 PRINCIPAL SURGEON 3,551 4,609 622,325.67 135.02 .010 175.25 1.32 ASSISTANT SURGEON 40 40 5,562.35 139.06 .00 139.06 .01 ANESTHESIOLOGIST 1,178 4,854 124,414.38 25.63 .010 105.61 .26 DIALYSIS 117 325 52,109.60 160.34 .001 445.38 .11 PATHOL	OPHTHALMOLOGICAL SERVICES	785	963	47,144.21	48.96	.002	60.06	.10
INPATIENT HOSPITAL SURGERY 5,252 20,365 2,909,337.46 142.86 .043 553.95 6.17 PRINCIPAL SURGEON 3,733 4,647 2,396,886.89 515.79 .010 642.08 5.08 ASSISTANT SURGEON 575 579 110,155.02 190.25 .001 191.57 .23 ANESTHESIOLOGIST 1,782 15,139 402,295.55 26.57 .032 225.76 .85 OUTPATIENT SURGERY 4,252 9,503 752,302.40 79.16 .020 176.93 1.59 PRINCIPAL SURGEON 3,551 4,609 622,325.67 135.02 .010 175.25 1.32 ASSISTANT SURGEON 40 40 5,562.35 139.06 .000 139.06 .01 ANESTHESIOLOGIST 1,178 4,854 124,414.38 25.63 .010 105.61 .26 DIALYSIS 117 325 52,109.60 160.34 .001 445.38 .11 PATHOLOGY 8,912 19,157 403,533.17 21.06 .041 45.28 .86	EXAMINATIONS	783	960	46,913.30	48.87	.002	59.91	.10
PRINCIPAL SURGEON 3,733 4,647 2,396,886.89 515.79 .010 642.08 5.08 ASSISTANT SURGEON 575 579 110,155.02 190.25 .001 191.57 .23 ANESTHESIOLOGIST 1,782 15,139 402,295.55 26.57 .032 225.76 .85 OUTPATIENT SURGERY 4,252 9,503 752,302.40 79.16 .020 176.93 1.59 PRINCIPAL SURGEON 3,551 4,609 622,325.67 135.02 .010 175.25 1.32 ASSISTANT SURGEON 40 40 5,562.35 139.06 .000 139.06 .01 ANESTHESIOLOGIST 1,178 4,854 124,414.38 25.63 .010 105.61 .26 DIALYSIS 117 325 52,109.60 160.34 .001 445.38 .11 PATHOLOGY 8,912 19,157 403,533.17 21.06 .041 45.28 .86	SERVICES AND MATERIALS	3	3	230.91	76.97	.000	76.97	.00
ASSISTANT SURGEON 575 579 110,155.02 190.25 .001 191.57 .23 ANESTHESIOLOGIST 1,782 15,139 402,295.55 26.57 .032 225.76 .85 OUTPATIENT SURGERY 4,252 9,503 752,302.40 79.16 .020 176.93 1.59 PRINCIPAL SURGEON 3,551 4,609 622,325.67 135.02 .010 175.25 1.32 ASSISTANT SURGEON 40 40 5,562.35 139.06 .000 139.06 .01 ANESTHESIOLOGIST 1,178 4,854 124,414.38 25.63 .010 105.61 .26 DIALYSIS 117 325 52,109.60 160.34 .001 445.38 .11 PATHOLOGY 8,912 19,157 403,533.17 21.06 .041 45.28 .86	INPATIENT HOSPITAL SURGERY	5,252	20,365	2,909,337.46	142.86	.043	553.95	6.17
ANESTHESIOLOGIST 1,782 15,139 402,295.55 26.57 .032 225.76 .85 OUTPATIENT SURGERY 4,252 9,503 752,302.40 79.16 .020 176.93 1.59 PRINCIPAL SURGEON 3,551 4,609 622,325.67 135.02 .010 175.25 1.32 ASSISTANT SURGEON 40 40 5,562.35 139.06 .000 139.06 .01 ANESTHESIOLOGIST 1,178 4,854 124,414.38 25.63 .010 105.61 .26 DIALYSIS 117 325 52,109.60 160.34 .001 445.38 .11 PATHOLOGY 8,912 19,157 403,533.17 21.06 .041 45.28 .86	PRINCIPAL SURGEON	3,733	4,647	2,396,886.89	515.79	.010	642.08	5.08
OUTPATIENT SURGERY 4,252 9,503 752,302.40 79.16 .020 176.93 1.59 PRINCIPAL SURGEON 3,551 4,609 622,325.67 135.02 .010 175.25 1.32 ASSISTANT SURGEON 40 40 5,562.35 139.06 .000 139.06 .01 ANESTHESIOLOGIST 1,178 4,854 124,414.38 25.63 .010 105.61 .26 DIALYSIS 117 325 52,109.60 160.34 .001 445.38 .11 PATHOLOGY 8,912 19,157 403,533.17 21.06 .041 45.28 .86	ASSISTANT SURGEON	575	579	110,155.02	190.25	.001	191.57	.23
PRINCIPAL SURGEON 3,551 4,609 622,325.67 135.02 .010 175.25 1.32 ASSISTANT SURGEON 40 40 5,562.35 139.06 .000 139.06 .01 ANESTHESIOLOGIST 1,178 4,854 124,414.38 25.63 .010 105.61 .26 DIALYSIS 117 325 52,109.60 160.34 .001 445.38 .11 PATHOLOGY 8,912 19,157 403,533.17 21.06 .041 45.28 .86	ANESTHESIOLOGIST	1,782	15,139	402,295.55	26.57	.032	225.76	.85
ASSISTANT SURGEON 40 40 5,562.35 139.06 .000 139.06 .01 ANESTHESIOLOGIST 1,178 4,854 124,414.38 25.63 .010 105.61 .26 DIALYSIS 117 325 52,109.60 160.34 .001 445.38 .11 PATHOLOGY 8,912 19,157 403,533.17 21.06 .041 45.28 .86	OUTPATIENT SURGERY	4,252	9,503	752,302.40	79.16	.020	176.93	1.59
ANESTHESIOLOGIST 1,178 4,854 124,414.38 25.63 .010 105.61 .26 DIALYSIS 117 325 52,109.60 160.34 .001 445.38 .11 PATHOLOGY 8,912 19,157 403,533.17 21.06 .041 45.28 .86	PRINCIPAL SURGEON	3,551	4,609	622,325.67	135.02	.010	175.25	1.32
DIALYSIS 117 325 52,109.60 160.34 .001 445.38 .11 PATHOLOGY 8,912 19,157 403,533.17 21.06 .041 45.28 .86	ASSISTANT SURGEON	40	40	5,562.35	139.06	.000	139.06	.01
PATHOLOGY 8,912 19,157 403,533.17 21.06 .041 45.28 .86	ANESTHESIOLOGIST	1,178	4,854	124,414.38	25.63	.010	105.61	.26
	DIALYSIS	117	325	52,109.60	160.34	.001	445.38	.11
RADIOLOGY 13,549 21,185 768,923.01 36.30 .045 56.75 1.63	PATHOLOGY	8,912	19,157	403,533.17	21.06	.041	45.28	.86
	RADIOLOGY	13,549	21,185	768,923.01	36.30	.045	56.75	1.63
PSYCHIATRY 5 6 178.62 29.77 .000 35.72 .00	PSYCHIATRY	5	6	178.62	29.77	.000	35.72	.00

IMMUNIZATION AND INJECTION	1,241	5,804		162,266.38		27.96	.012		130.75		.34
OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS ENDODONTICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	7,998	17,801		546,933.54		30.72	.038		68.38		1.16
@PHARMACY	68,051	271,847	\$	8,153,058.90	\$	29.99	.576	\$	119.81	\$	17.28
PRESCRIPTION DRUGS	66,304	150,885		7,089,481.41		46.99	.320		106.92		15.03
SNF/ICF	158	897		94,688.82		105.56	.002		599.30		.20
OUTPATIENTS	66,187	149,988		6,994,792.59		46.64	.318		105.68		14.83
MEDICAL SUPPLIES	4,499	120,962		1,063,577.49		46.99 105.56 46.64 8.79	.256		236.40		2.25
@DENTIST	123,391	792,180	\$	22,614,408.33	\$	28.55	1.679	\$		\$	47.94
VISITS - DIAGNOSTIC	90,408	536,925		6,368,584.09	•	11.86	1.138	•	70.44		13.50
ORAL SURGERY	18.644	36,366		2.234.266.35		61.44	.077		119.84		4.74
DRUGS	4.542	6.546		136.395.97							
ANESTHESTA	1 215	1 249		120 975 00		20.84 96.86	.003		30.03 99.57 124.71 220.63		.26
PERIODONTICS	6 786	7 127		846 273 60		118 74	.015		124.71		1.79
ENDODONTICS	9 922	16 722		2 189 077 43		118.74 130.91	.035		220.63		4.64
RESTORATIVE DENTISTRY	48 337	167 415		9 336 217 62		130.91 55.77 22.91	.355		193 15		19.79
DROSTHETICS	375	404		9 255 00		22 91	.001		193.15 24.68 294.77 131.59		.02
DENTITIES CTAVDIATES	1 533	6 007		451 886 87		75 73	0.1.3		29.00		.96
CDACE MAINTAINEDC	1,333	1 225		125 667 20		75.23 101.75	.003		294.77 131.59		.27
MAYTIIOFACTAI CEDVICEC	705	1,233		01 612 04		101.75	.003		103.97		.17
MAXILLOFACIAL SERVICES	/ 0 D	002		01,013.04		101.70	.002		867.22		.03
ODTIODONTIC CERVICES	6 909	0 206		13,0/3.33		000.74	.018		100.06		1.46
ALL OWIED CEDITOES	1 022	0,300		10 122 00		101.75 101.76 660.74 82.30 3.41	.006		5.27		.02
#CALIF DEPT OF HEALTH SERV	1,922	CEC AND EXPENDITEDE	C MOI	TU, LSS. 99	יחטתי	J. 11	. 0 0 0			Ъ	AGE 3,110
MOP024	FEE-FOR-SERVIC	CES AND EXPENDITURE	S MOI	NIH-OF-PAYMENI RE	POR	I FOR JAN 2	2003 IHRU L)EC	2003	Р	01/29/04
1101 02 1	I DD I OIL DDILLY I C.	E/DENIAL VICES FOR ALL FAMI									01/29/04
FRESNO COUNTY	SUMMARY OF SER	VICES FOR ALL FAMI.	LIES				MC	ידידעי	UTV AVEDA	CE	
471,724 ELIGIBLES	HCEDC	UNITS OF SERVICE		EXPENDITURES	7/ 7/ 7						COST PER
4/1,/24 ELIGIBLES	USERS	ON DAYS OF CARE		EXPENDITURES		R UNIT/DAY		'	USER		ELIGIBLE
@ODMOMEMD I GM	2.760	OR DAYS OF CARE	\$	100 044 60			.017	4			.40
@OPIOMEIRIDI	2,760	7,967 2,276 5,637 54	Ą	190,844.62 106,054.14	\$.005	Ą	46.89		
DIAGNOSTIC AND ANC. PROCED	2,262	2,270		100,054.14		14.72			40.69		.18
EIE APPLIANCES	I,956	5,637 54		82,983.83 1,806.65		33.46	.012		35.42		.18
OTHER OPTOMETRIC SERVICES	2 120	2.570			4	16.60	.000 .008	4			
@CHIROPRACIOR	2,130	3,579 3,579	\$	59,420.06	\$.008	Þ	27.90		.13
### ##################################	2,130	3,5/9		59,420.06		16.60	.008		27.90		.13
ODODIAMDICA	1.52	0 236	4	.00	4	.00					.00
@PODIATRIST	153	236	\$	8,995.47	\$	38.12	.001	Ş		Ş	.02
MEDICINE/INJECTIONS	142	156		5,551.52		35.59	.000		39.10		.01
SURGERY/ANES.	8	8		123.00		15.38	.000		15.38		.00
RADIO./PATHOLOGY	15	8 18 54		311.40		17.30	.000		20.76		.00
OTHER	26	54		3,009.55		55.73	.000	_	115.75		.01
@HOME HEALTH AGENCY	309	5,779 1 242	Ş	204,512.41	\$	35.39	.012		661.85		.43
NURSE ANESTHESIST	261	1,242	Ş	30,182.43	\$	24.30	.003		115.64		.06
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	18	40	Ş	4,785.87	\$	119.65	.000		265.88	\$.01
PEDIATRIC NURSE PRACTITIONER	. 2	8	Ş	163.37	\$	20.42	.000		81.69		.00
FAMILY NURSE PRACTITIONER	487	887	Ş	22,926.00	\$.002		47.08		.05
@TOTAL HOSPITAL	50,686	222,096	\$	44,888,276.47	\$	202.11		\$		\$	95.16
HOSP INPATIENT TOTAL	6,515	28,093		39,544,894.14		1407.64	.060		6069.82		83.83
HSC HOSPITALS	5,663	25,121		36,138,384.46		1438.57	.053		6381.49		76.61
NON-HSC HOSPITAL TOTAL	876	2,964		3,402,745.94			.006		3884.41		7.21
ACCOMMODATIONS	034	2,964		204,512.41 30,182.43 4,785.87 163.37 22,926.00 44,888,276.47 39,544,894.14 36,138,384.46 3,402,745.94 1,170,511.71		394.91	.006		1370.62		2.48
ADMINISTRATIVE DAYS	29	1/3		41,421.40		231.40	.000		1428.33		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	825	2,785		1,129,090.26		405.42	.006		1368.59		2.39
ANCILLARIES	874	0		2,232,234.23		.00	.000		2554.04		4.73
INPATIENT CROSSOVERS	5	8		3,763.74		470.47	.000		752.75		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	46,922	194,003		5,343,382.33		27.54	.411		113.88		11.33
MEDICAL	7,696	11,941		514,414.89		43.08	.025		66.84		1.09

42.53

13.56

514,414.89 205,020.04 787,300.12

60.25

46.80

.010

.123

.43

1.67

7,696

16,824

11,941 4,821

58,048

SURGERY

PATHOLOGY

RADIOLOGY	9 706	11,774	843,738.54	71.66	.025	96.91		1.79
	31,697	11,774 45,394 62,025 631 \$ 97 97 0 0 0 0 0 0 0 0 534 44 10 195 47 117 121 ES AND EXPENDITURES I	1,789,862.98	39.43	.025	56.47		3.79
CROSSOVERS/ALL OTH OUTPTNT	31,697 22,692 175 23 23 0	62 025	1,709,002.90	10 40	.131	53.02		2.55
@COUNTY HOSPITAL TOTAL	22,092 17E	62,025	1,203,045.70	± 222 07	.001 \$		بخ	.30
@COUNTY HOSPITAL TOTAL	1/5	031 Ş	120,696.90	ې ۵۵۵.97 ۱۵63 01	.001 \$	5329.96	Ą	. 26
CO HOSPITAL INPATIENT TOTAL	23	9 /	122,589.16	1203.81	.000			
HSC HOSPITALS	23	9 /	122,589.16	1263.81	.000	5329.96		. 26
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	160	534	18,107.74	33.91	.001	113.17		.04
MEDICAL	35	44	2,000.43	45.46	.000	57.16		.00
SURGERY	9	10	660.54	66.05	.000	73.39		.00
PATHOLOGY	51	195	2,288.71	11.74	.000	44.88		.00
RADIOLOGY	35	47	2,136.29	45.45	.000	61.04		.00
ROOM USE	94	117	4,641.87	39.67	.000	49.38		.01
SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	75	121	6,379.90	52.73	.000	.00 .00 .00 .00 .00 .00 .00 113.17 57.16 73.39 44.88 61.04 49.38 85.07		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DE	C 2003	PA	GE 3,111
MOP024	FEE-FOR-SERVICE	/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMILI	ES					
					MON	THLY AVERA	GE -	
471,724 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER		OST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	50,529	221,465 \$	44,747,579.57	\$ 202.05	.469 \$	885.58	\$	94.86
COMM HOSP INPATIENT TOTAL	6,493	27,996	39,422,304.98	1408.14	.059	6071.51		83.57
HSC HOSPITALS	5,641	25,024	36,015,795.30	1439.25	.053	6384.65		76.35
NON-HSC HOSPITALS TOTAL	876	2,964	3,402,745.94	1148.02	.006	3884.41		7.21
ACCOMMODATIONS	854	2,964	1,170,511.71	394.91	.006	1370.62		2.48
ADMINISTRATIVE DAYS	29	179	41,421.45	231.40	.000	1428.33		.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	825	2,785	1,129,090.26	405.42	.006	1368.59		2.39
ANCILLARIES	874	0	2,232,234.23	.00	.000	2554.04		4.73
INPATIENT CROSSOVERS	5	8	3,763.74	470.47	.000	752.75		.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	113.85 66.89 60.19 46.79 97.01 56.48		.00
COMM HOSP OUTPATIENT TOTAL	46,776	193,469	5,325,274.59	27.53	.410	113.85		.00 11.29
MEDICAL	7,661	11,897	512,414.46	43.07	.025	66.89		1.09
SURGERY	3,395	4,811	204,359.50	42.48	.010	60.19		.43
PATHOLOGY	16,776	57,853	785,011.41	13.57	.123	46.79		1.66
RADIOLOGY	8,675	11,727	841,602.25	71.77	.025	97.01		1.78
ROOM USE	31,608	45,277	1,785,221.11	39.43	.096	56.48		3.78
CROSSOVERS/ALL OTH OUTPTNT	22,620	61,904	1,196,665.86	19.33	.131	52.90		2.54
@STATE HOSPITAL	15	, 501 \$	230,845.60	\$ 460.77	.001 \$	15389.71	Ġ	. 49
MENTALLY ILL	15	501	230,845.60	460.77	.001	15389.71	•	. 49
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	48	1.560 \$	568.611.38	\$ 364.49	.003 \$	11846.07	Ġ	1.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	7	.00
LEV B-REHAB MD	n	0	0.0	.00	.000	11846.07 .00 .00 7162.25 20262.42		.00
LEV B-SUBACUTE FREESTANDING	8	114	57 297 97	502 61	.000	7162 25		.12
LEV B-SIBACUTE HSPTI. BASED	22	929	445 773 27	479 84	002	20262 42		.94
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 471,724 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-REGULAR AND LEVELOR DE REGULAR OUTPENDADITIES OF DE RACH DE	0	0	113,773.27	1,2.04	.002	.00		.00
I.EV B-RECIII.AR	19	517	65 540 1 <i>4</i>	126 77	001	3449.48		.14
	± 2	1 000 4	05,540.14	120.77	.001	7577.50		. 1.1

@INTERMEDIATE CARE FACIL.-DD

ICF DDH

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DD

53

0

0

53

133

1,803

0

1,803

0

1,425 \$

399,310.12

399,310.12

296,102.19

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221.47

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\$ 207.79

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HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	74	166	238,894.68	1439.12	.000	3228.31	.51
HEMODIALYSIS CENTER	64	1,259	57,207.51	45.44	.003	893.87	.12
@REHABILITATION FACILITY	921	4,402 \$	113,684.72	\$ 25.83	.009 \$	123.44	\$.24
HOSPITAL BASED	673	2,696	86,182.25	31.97	.006	128.06	.18
INDEPENDENT FACILITY	249	1,706	27,502.47	16.12	.004	110.45	.06
@LABORATORY FACILITY	9,800	34,274 \$		\$ 14.25	.073 \$	49.83	\$ 1.04
PATHOLOGY	9,761	34,227	485,518.68	14.19	.073	49.74	1.03
XO AND OTHERS	50	47	2,796.50	59.50	.000	55.93	.01
@ORGANIZED OUTPATIENT CLINIC	130,201	197,038 \$	16,609,403.06	\$ 84.30	.418 \$	127.57	\$ 35.21
CLINIC	1,672	6,609	153,840.17	23.28	.014	92.01	.33
SURGICENTER	116	625	43,033.00	68.85	.001	370.97	.09
HEROIN DETOX CLINIC	106	1,347	15,317.31	11.37	.003	144.50	.03
RURAL HEALTH CLINIC	128,435	188,457	16,397,212.58	87.01	.400	127.67	34.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 3,112
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMIL	JIES				
					MONT	THLY AVERA	GE
471,724 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	113,716	621,923 \$	4,834,792.05	\$ 7.77	1.318 \$	42.52	\$ 10.25
DURABLE MED. EQUIP.	552	1,952	208,248.11	106.68	.004	377.26	.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	29	477.57	16.47	.000	79.60	.00
MEDICAL TRANSPORTATION	3,480	43,743		12.81	.093	161.04	1.19
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	3,465	43,279	480,673.62	11.11	.092	138.72	1.02
	14 53 110	395	975.46	2.47	.001	69.68	.00
OTHER SERVICES	53	69	78,783.14	1141.78	.000	1486.47	.17
ACUPUNCTURE	110	228	4,281.90	18.78	.000	38.93	.01
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	31	419	29,171.07	69.62	.001	941.00	.06
GENETIC DISEASE TESTING	3,642	3,648	376,611.50	103.24	.008	103.41	.80
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21,375	45,627	433,920.16	9.51	.097	20.30	.92
OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	90	284	15,459.14	54.43	.001	171.77	.03
PORTABLE X-RAY	2	7	159.20	22.74	.000	79.60	.00
PROSTHETIST/ORTHOTISTS	1,238	2,699	187,828.57	69.59	.006	151.72	. 40
PROSTHETICS	530	1,800	105,534.74	58.63	.004	199.12	. 22
ORTHOTICS	890	899	82,293.83	91.54	.002	92.46	.17
PSYCHOLOGIST	209	828	44,277.64	53.48	.002	211.85	.09
SPEECH AND AUDIOLOGY	71	152	25,727.40	169.26	.000	362.36	.05
HOSPICE SERVICES	2	8	4,273.40	534.18	.000	2136.70	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	83,979	290,106	2,881,544.91	9.93	.615	34.31	6.11
EPSDT SUPPLEMENTAL SERVICE	2	474	11,575.08	24.42	.001	5787.54	.02
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	196	231,719	50,804.18	.22	.491	259.21	.11
@CALIF. CHILDREN SERVICES*		196,639 \$		\$ 145.22	.417 \$		\$ 60.53
@XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE		439 \$		\$ 60.33	.001 \$	222.57	\$.06
W. IOIATO IN THESE TINES AKE (TIVEN AS A SEPAI	CALE INFORMALION LIE	IN OINTI'I				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

					MON	THLY AVERAC	BE
30,739 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24,098	197,912	\$ 7,454,775.65	\$ 37.67	6.438 \$	309.35	\$ 242.52
@PHYSICIANS SERVICES	7,625	22,851	\$ 902,080.91	\$ 39.48	.743 \$	118.31	\$ 29.35

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,113 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 FRESNO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

OUTPATIENT VISITS	5,714	11,687		344,129.83	29.45	.380	60.	23	11.20
OFFICE VISITS	3,015	3,687		117,372.80	31.83	.120	38.		3.82
HOME VISITS	4	4		271.42	67.86	.000	67.		.01
EMERGENCY ROOM	1,353	1,540		82,185.87	53.37	.050	60.		2.67
	1,333	1,540							
PREVENTIVE CARE				449.28	40.84	.000	40.		.01
OB VISITS/COMPRE PERI	1,011	5,583		121,192.38	21.71	.182	119.		3.94
OTHER OUTPATIENT	711	862		22,658.08	26.29	.028	31.		.74
INPATIENT VISITS	476	1,482		108,708.70	73.35	.048	228.		3.54
HOSPITAL VISITS	426	1,144		56,995.26	49.82	.037	133.	79	1.85
CRITICAL CARE	32	280		49,896.78	178.20	.009	1559.	27	1.62
SNF/ICF/TRANS IP CARE	31	58		1,816.66	31.32	.002	58.	60	.06
OPHTHALMOLOGICAL SERVICES	143	159		7,082.74	44.55	.005	49.		.23
EXAMINATIONS	143	159		7,082.74	44.55	.005	49.		.23
SERVICES AND MATERIALS	0	0		.00	.00	.000		00	.00
	381								
INPATIENT HOSPITAL SURGERY		1,259		190,151.31	151.03	.041	499.		6.19
PRINCIPAL SURGEON	258	306		156,828.90	512.51	.010	607.		5.10
ASSISTANT SURGEON	48	47		8,654.23	184.13	.002	180.		.28
ANESTHESIOLOGIST	135	906		24,668.18	27.23	.029	182.		.80
OUTPATIENT SURGERY	522	999		76,353.57	76.43	.032	146.	27	2.48
PRINCIPAL SURGEON	462	590		65,327.96	110.73	.019	141.	40	2.13
ASSISTANT SURGEON	2	2		258.38	129.19	.000	129.	19	.01
ANESTHESIOLOGIST	133	407		10,767.23	26.46	.013	80.		.35
DIALYSIS	1	3		216.48	72.16	.000	216.		.01
PATHOLOGY	933	2,043		38,300.77	18.75	.066	41.		1.25
RADIOLOGY	1,448	2,173		69,486.53	31.98	.071	47.		2.26
	1,440	2,173							
PSYCHIATRY				.00	.00	.000	0.5		.00
IMMUNIZATION AND INJECTION		972		14,983.99	15.42	.032	96.		. 49
OTHER SERVICES/ALL X-OVERS	909	2,074		52,666.99	25.39	.067	57.		1.71
@PHARMACY	9,720	37,727	\$		\$ 31.77	1.227			
PRESCRIPTION DRUGS	9,594	23,224		1,062,813.19	45.76	.756	110.		34.58
SNF/ICF	148	1,209		140,777.12	116.44	.039	951.	20	4.58
OUTPATIENTS	9,459	22,015		922,036.07	41.88	.716	97.	48	30.00
MEDICAL SUPPLIES	495	14,503		135,641.27	9.35	.472	274.		4.41
@DFNTT CT	2 570	16,508	\$	473,648.00	\$ 28.69	.537			
VISITS - DIAGNOSTIC	1 965	11,144	т	142,429.45	12.78	.363	72.		4.63
ORAL SURGERY	344	775		60,121.25	77.58	.025	174.		1.96
DRUGS	1,965 344 103 51	166		2,968.75	17.88	.005	28.		.10
DRUGS	103								
ANESTHESIA	21	59		4,800.00	81.36	.002	94.		.16
PERIODONTICS	66	69		7,422.00	107.57	.002	112.		. 24
ENDODONTICS	189	335		47,272.50	141.11	.011	250.		1.54
RESTORATIVE DENTISTRY	976	3,632		192,018.55	52.87	.118	196.		6.25
PROSTHETICS	5	5		120.00	24.00	.000	24.		.00
DENTURES, STAYPLATES	3	20		841.00	42.05	.001	280.	33	.03
SPACE MAINTAINERS	11	14		1,324.37	94.60	.000	120.	40	.04
MAXILLOFACIAL SERVICES	18	18		1,983.13	110.17	.001	110.	17	.06
FRACTURES, DISLOCATIONS	3	6		1,800.00	300.00	.000	600.		.06
ORTHODONTIC SERVICES	136	165		10,322.00	62.56	.005	75.		.34
ALL OTHER SERVICES	58	100		225.00	2.25	.003	3.		.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	'C' M					50	PAGE 3,114
			ואן כיו	ONTH-OF-PAIMENT R	EPORT FOR UAIN	2003 IRU	DEC 2003		•
MOP024	FEE-FOR-SERVICE								01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR ALL MEDI	.CAL	LY INDIGENT					~
									GE
30,739 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY				ELIGIBLE
@OPTOMETRIST	425	1,170	\$	29,528.74	\$ 25.24	.038	\$ 69.	48	\$.96
DIAGNOSTIC AND ANC. PROCED	362	362		17,082.25	47.19	.012	47.	19	.56
EYE APPLIANCES	288	804		12,283.80	15.28	.026	42.	65	.40
OTHER OPTOMETRIC SERVICES	3	4		162.69	40.67	.000	54.		.01
@CHIROPRACTOR	19	37	\$	618.64	\$ 16.72	.001			\$.02
VISITS	19	37	Τ	618.64	16.72	.001	32.		.02
A TOTIO	1.7	57		010.04	10.72	.001	٠ ټه د		. 0 4

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	27	42	\$ 1,528.71	\$ 36.40	.001	\$ 56.62	\$.05
MEDICINE/INJECTIONS	24	28	971.68	34.70	.001	40.49	.03
SURGERY/ANES.	2	2	108.14	54.07	.000	54.07	.00
RADIO./PATHOLOGY	2	4	69.20	17.30	.000	34.60	.00
OTHER	4	8	379.69	47.46	.000	94.92	.01
@HOME HEALTH AGENCY	47	1,275	\$ 40,942.08	\$ 32.11	.041	\$ 871.11	\$ 1.33
NURSE ANESTHESIST	13	70	\$ 1,473.27	\$ 21.05	.002	\$ 113.33	\$.05
NURSE MIDWIFE	2	3	\$ 1,381.82	\$ 460.61	.000	\$ 690.91	\$.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	299	541	\$ 11,060.08	\$ 20.44	.018	\$ 36.99	\$.36
@TOTAL HOSPITAL	4,358	17,418	\$ 3,074,528.59	\$ 176.51	.567	\$ 705.49	\$ 100.02
HOSP INPATIENT TOTAL	493	2,005	2,679,612.14	1336.46	.065	5435.32	87.17
HSC HOSPITALS	440	1,812	2,472,062.15	1364.27	.059	5618.32	80.42
NON-HSC HOSPITAL TOTAL	56	193	207,549.99	1075.39	.006	3706.25	6.75
ACCOMMODATIONS	56	193	74,977.08	388.48	.006	1338.88	2.44

ADMINISTRATIVE DAYS	1	4	925.20	231.30	.000	925.20	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	55	189	74,051.88	391.81	.006	1346.40	2.41
ALL OTHER ACCOM							
ANCILLARIES	56	0	132,572.91	.00	.000	2367.37	4.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0 15,413	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0 4,057	15,413	394,916.45 41,388.04	25.62	.501	97.34	12.85
MEDICAL	740	1,095	41 388 04	37.80	.036	55.93	1.35
SURGERY	356	507	16,295.71	32.14	.016	45.77	.53
	1,347	4,759	56,480.73	11.87	.155	41.93	1.84
PATHOLOGY	1,34/	4,759					
RADIOLOGY	834	1,127 3,947	66,434.78	58.95	.037	79.66	2.16
ROOM USE	2,824	3,947	153,405.86	38.87	.128	54.32	4.99
CROSSOVERS/ALL OTH OUTPINT	1,600	3,978	60,911.33	15.31	.129	38.07	1.98
@COUNTY HOSPITAL TOTAL	17	83 \$	10,539.18	\$ 126.98	.003 \$	619.95	\$.34
CO HOSPITAL INPATIENT TOTAL		7	8,625.02	1232.15	.000	2875.01	.28
HSC HOSPITALS	3	7	8,625.02	1232.15	.000	2875.01	.28
NON-HSC HOSPITALS TOTAL	0	,	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ô	Ô	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	76	1,914.16	25.19	.002	127.61	.06
	1.0	70					
MEDICAL	5	8	241.13	30.14	.000	48.23	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	26	297.29	11.43	.001	59.46	.01
RADIOLOGY	4	6	186.89	31.15	.000	46.72	.01
ROOM USE	14	23	886.92	38.56	.001	63.35	.03
CROSSOVERS/ALL OTH OUTPINT	6	13	301.93	23.23	.000	50.32	.01
CROSSOVERS/ALL OTH OUTPTNT #CALLE DEPT OF HEALTH SERV		13 ES AND EXPENDITURES	301.93 MONTH-OF-PAYMENT RI	23.23 EPORT FOR JAN	.000 2003 THRU DE	50.32 C 2003	.01 PAGE 3.115
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES					PAGE 3,115
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES / DENTAL	MONTH-OF-PAYMENT RI				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT RI		2003 THRU DE	C 2003	PAGE 3,115 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA	MONTH-OF-PAYMENT RI LLY INDIGENT	EPORT FOR JAN	2003 THRU DE	C 2003 THLY AVERA	PAGE 3,115 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE	MONTH-OF-PAYMENT RI LLY INDIGENT	EPORT FOR JAN AVERAGE COST	2003 THRU DE MON UNITS/DAYS	C 2003 THLY AVERA COST PER	PAGE 3,115 01/29/04 GE COST PER
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES	EPORT FOR JAN AVERAGE COST PER UNIT/DAY	2003 THRU DE MON UNITS/DAYS PER ELIG	C 2003 THLY AVERA COST PER USER	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$	MONTH-OF-PAYMENT RILLY INDIGENT EXPENDITURES 3,063,989.41	EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 176.75	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$	C 2003 THLY AVERA COST PER USER 705.66	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065	THLY AVERA COST PER USER 705.66 5450.99	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$	MONTH-OF-PAYMENT RILLY INDIGENT EXPENDITURES 3,063,989.41	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065	THLY AVERA COST PER USER 705.66 5450.99	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059	THLY AVERA COST PER USER 705.66 5450.99 5637.16	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 1,805	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 1,805 193 193	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 56	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 193	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 4	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006 .000	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 4	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006 .000 .000	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 4	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006 .000 .000	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 4 0 189 0	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006 .000 .000 .000	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 00 1346.40 2367.37	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 1,805 193 4 0 189 0 189 0 0	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006 .000 .000 .000 .000	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 1,805 193 4 0 189 0 189 0 0	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006 .000 .000 .000 .000	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0 0 4,043	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 4 0 189 0 189 0 189 0 15,337	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00 393,002.29	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00 .00 .00 .25.62	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006 .000 .000 .000 .000 .000 .00	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00 .00 97.21	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0 0 4,043 735	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 4 0 189 0 189 0 15,337 1,087	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00 393,002.29 41,146.91	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00 25.62 37.85	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006 .000 .000 .000 .000 .000 .00	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00 .00 97.21 55.98	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00 .00 12.79 1.34
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0 1 4,043 735 356	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 4 0 189 0 189 0 15,337 1,087 507	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00 393,002.29 41,146.91 16,295.71	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00 25.62 37.85 32.14	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006 .000 .000 .000 .000 .000 .00	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00 97.21 55.98 45.77	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00 .00 12.79 1.34 .53
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0 4,043 735 356 1,342	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 1,93 193 4 0 189 0 189 0 15,337 1,087 507 4,733	MONTH-OF-PAYMENT RILLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00 393,002.29 41,146.91 16,295.71 56,183.44	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00 25.62 37.85 32.14 11.87	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006 .000 .000 .000 .000 .000 .00	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00 .00 97.21 55.98 45.77 41.87	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00 .00 12.79 1.34 .53 1.83
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0 4,043 735 356 1,342 830	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 4 0 189 0 189 0 15,337 1,087 507 4,733 1,121	MONTH-OF-PAYMENT RILLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00 393,002.29 41,146.91 16,295.71 56,183.44 66,247.89	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00 .00 .00 .55.62 37.85 32.14 11.87 59.10	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .000 .000 .000 .000 .000 .000 .00	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00 .00 97.21 55.98 45.77 41.87 79.82	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00 .00 12.79 1.34 .53 1.83 2.16
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0 4,043 735 356 1,342 830 2,811	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 4 0 189 0 189 0 15,337 1,087 507 4,733 1,121 3,924	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00 393,002.29 41,146.91 16,295.71 56,183.44 66,247.89 152,518.94	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00 .00 .00 .25.62 37.85 32.14 11.87 59.10 38.87	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .000 .000 .000 .000 .000 .000 .00	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00 .00 97.21 55.98 45.77 41.87 79.82 54.26	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00 .00 12.79 1.34 .53 1.83 2.16 4.96
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0 0 4,043 735 356 1,342 830 2,811 1,594	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 4 0 0 189 0 0 15,337 1,087 507 4,733 1,121 3,924 3,965	MONTH-OF-PAYMENT RILLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00 393,002.29 41,146.91 16,295.71 56,183.44 66,247.89	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00 .00 25.62 37.85 32.14 11.87 59.10 38.87 15.29	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006 .000 .000 .000 .000 .000 .00	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00 .00 97.21 55.98 45.77 41.87 79.82 54.26 38.02	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00 .00 12.79 1.34 .53 1.83 2.16 4.96 1.97
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0 4,043 735 356 1,342 830 2,811	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 4 0 189 0 189 0 15,337 1,087 507 4,733 1,121 3,924	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00 393,002.29 41,146.91 16,295.71 56,183.44 66,247.89 152,518.94 60,609.40 .00	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00 .00 .00 .25.62 37.85 32.14 11.87 59.10 38.87	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .000 .000 .000 .000 .000 .000 .00	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00 .00 97.21 55.98 45.77 41.87 79.82 54.26 38.02	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00 .00 12.79 1.34 .53 1.83 2.16 4.96
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0 0 4,043 735 356 1,342 830 2,811 1,594	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 4 0 0 189 0 0 15,337 1,087 507 4,733 1,121 3,924 3,965	MONTH-OF-PAYMENT RI EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00 393,002.29 41,146.91 16,295.71 56,183.44 66,247.89 152,518.94 60,609.40	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00 .00 25.62 37.85 32.14 11.87 59.10 38.87 15.29	2003 THRU DE MON UNITS/DAYS PER ELIG .564 \$.065 .059 .006 .006 .000 .000 .000 .000 .000 .00	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00 .00 97.21 55.98 45.77 41.87 79.82 54.26 38.02	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00 .00 12.79 1.34 .53 1.83 2.16 4.96 1.97
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0 0 4,043 735 356 1,342 830 2,811 1,594 0	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 193 4 0 189 0 0 15,337 1,087 507 4,733 1,121 3,924 3,965 0 \$	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00 393,002.29 41,146.91 16,295.71 56,183.44 66,247.89 152,518.94 60,609.40 .00 .00	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00 25.62 37.85 32.14 11.87 59.10 38.87 15.29 \$.00 .00	2003 THRU DE MON UNITS/DAYS PER ELIG	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00 .00 97.21 55.98 45.77 41.87 79.82 54.26 38.02 .00 .00	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00 .00 12.79 1.34 .53 1.83 2.16 4.96 1.97 .00
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 56 0 0 4,043 735 356 1,342 830 2,811 1,594 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 4 0 189 0 0 189 0 15,337 1,087 507 4,733 1,121 3,924 3,965 0 0	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00 393,002.29 41,146.91 16,295.71 56,183.44 66,247.89 152,518.94 60,609.40 .00 .00	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00 25.62 37.85 32.14 11.87 59.10 38.87 15.29 \$.00 .00	2003 THRU DE MON UNITS/DAYS PER ELIG	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00 .97.21 55.98 45.77 41.87 79.82 54.26 38.02 .00 .00	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00 .00 12.79 1.34 .53 1.83 2.16 4.96 1.97 \$.00 .00
#CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 30,739 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,342 490 437 56 56 1 0 55 56 0 0 4,043 735 356 1,342 830 2,811 1,594 0 0	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 17,335 \$ 1,998 1,805 193 4 0 189 0 189 0 0 15,337 1,087 507 4,733 1,121 3,924 3,965 0 \$	MONTH-OF-PAYMENT RI LLY INDIGENT EXPENDITURES 3,063,989.41 2,670,987.12 2,463,437.13 207,549.99 74,977.08 925.20 .00 74,051.88 132,572.91 .00 .00 393,002.29 41,146.91 16,295.71 56,183.44 66,247.89 152,518.94 60,609.40 .00 .00	AVERAGE COST PER UNIT/DAY \$ 176.75 1336.83 1364.79 1075.39 388.48 231.30 .00 391.81 .00 .00 25.62 37.85 32.14 11.87 59.10 38.87 15.29 \$.00 .00	2003 THRU DE MON UNITS/DAYS PER ELIG	THLY AVERA COST PER USER 705.66 5450.99 5637.16 3706.25 1338.88 925.20 .00 1346.40 2367.37 .00 .00 97.21 55.98 45.77 41.87 79.82 54.26 38.02 .00 .00	PAGE 3,115 01/29/04 GE COST PER ELIGIBLE \$ 99.68 86.89 80.14 6.75 2.44 .03 .00 2.41 4.31 .00 .00 12.79 1.34 .53 1.83 2.16 4.96 1.97 .00

LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	16	603		335,479.74		556.35	.020	20967.48		10.91
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	54	2,230		304,697.95		136.64	.073	5642.55		9.91
@INTERMEDIATE CARE FACILDD	3	57	\$	10,419.03	\$	182.79		\$ 3473.01	Ġ	.34
ICF DDH	0	0	т	.00	4	.00	.000	.00	4	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	3	57		10,419.03		182.79	.002	3473.01		.34
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	92	372	\$	9,460.42	\$	25.43		\$ 102.83	Ġ	.31
HOSPITAL BASED	76	232	т	7,124.84	4	30.71	.008	93.75	4	.23
INDEPENDENT FACILITY	16	140		2,335.58		16.68	.005	145.97		.08
@LABORATORY FACILITY	1,041	3,230	\$	44,320.06	\$	13.72	.105		Ġ	1.44
PATHOLOGY	1,041	3,229	т	44,260.56	4	13.71	.105	42.52	4	1.44
XO AND OTHERS	1	1		59.50		59.50	.000	59.50		.00
@ORGANIZED OUTPATIENT CLINIC	5,545	8,978	\$	828,324.12	\$	92.26	.292		Ś	26.95
CLINIC	357	1,531	Ψ.	31,148.51	τ	20.35	.050	87.25	т	1.01
SURGICENTER	23	135		5,083.84		37.66	.004	221.04		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	5,171	7,312		792,091.77		108.33	.238	153.18		25.77
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES M		EPORT				P	AGE 3,116
MOP024	FEE-FOR-SERVICE			.01.111 01 11111111111 111		2 021 0221 2	2000 211110 2			01/29/04
FRESNO COUNTY		VICES FOR ALL MED	ICAL	LY INDIGENT						01/25/01
11120110 0001111	Dolling Of Dairy	1022 1011 1122 1123		21 1110102111			MC	NTHLY AVERA	GE	
30,739 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,883	84,800	\$	186,829.03	\$	2.20	2.759	\$ 99.22	\$	6.08
DURABLE MED. EQUIP.	41	62		21,064.47		339.75	.002	513.77		.69
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	445	5,304		67,388.19		12.71	.173	151.43		2.19
AMBULANCES/AIR TRANS	441	5,254		60,224.95		11.46	.171	136.56		1.96
OTHER TRANS	3	45		139.84		3.11	.001	46.61		.00
OTHER SERVICES	5	5		7,023.40		1404.68	.000	1404.68		.23
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	3	7		510.36		72.91	.000	170.12		.02
GENETIC DISEASE TESTING	271	273		28,362.50		103.89	.009	104.66		.92
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	587	1,293		11,496.06		8.89	.042	19.58		.37
PHYSICAL THERAPIST	7	20		1,030.96		51.55	.001	147.28		.03
DODELDIE II DAII	_	1.5				01 04	0.01			0.1

5 17 21.04 71.55 PORTABLE X-RAY 357.76 .001 .01 PROSTHETIST/ORTHOTISTS 75 159 11,554.53 72.67 .005 154.06 .38 104 6,706.39 64.48 .003 239.51 .22 PROSTHETICS 91.47 ORTHOTICS 53 55 4,848.14 88.15 .002 .16 17 PSYCHOLOGIST 60 55.79 196.90 .11 3,347.36 .002 SPEECH AND AUDIOLOGY 5 8 1,072.90 .000 214.58 .03 134.11 627.70 HOSPICE SERVICES 11 1,255.40 114.13 .000 .04 0 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 395 2,501 16,373.50 6.55 .081 41.45 .53 EPSDT SUPPLEMENTAL SERVICE 2 521 13,183.01 25.30 .017 6591.51 .43 .00 RESPIRATORY CARE PRACT. 0 0 .00 .00 .000 .00 .00 0 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS 76 74,564 9,832.03 .13 2.426 129.37 .32 573 1,720,492.95 122.43 3002.61 55.97 @CALIF. CHILDREN SERVICES* 14,053 .457 \$ \$ \$ @XOVER EXCLUDING STATE HOSP** 10 27 \$ 321.94 11.92 .001 \$ 32.19 \$.01 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,117 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

INDINO COUNTI	BOTH HILL OF BEIL	VICED TOK KENNEDIN	11010	MID CODES	/ ±		
00 ELIGIBLES	HOEDO	INITEG OF GERMAN	EXPENDIBLIDED	ATTERNACE COOR	MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OR DAIS OF CARE 0 \$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000 \$.00	.00
	0	0	.00		.000	.00	.00
OFFICE VISITS	0	0		.00			
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0			.000		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	U	U	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	Õ	Ô	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
· · · · · · · · · · · · · · · · · · ·	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00			.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	-	CES AND EXPENDITURES		.00	.000		PAGE 3,118
WODOO4	MEDI-CAL SERVIC		MONIA-OF-PAIMENT R.	FLOKI LOK OAN 2	TOOD THEO DEC	_ 4003	PAGE 3,118

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

01/29/04

SUMMARY OF SERVICES FOR RENAL DIALYSIS

FRESNO COUNTY

AID CODES 71

FRESNO COUNTY	SUMMARY OF SERVICES FO	OR RENAL DIALYSIS		AID CODES			
					MONTE		
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
	OR D	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	Ô	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	
	0	0 Ş	.00	•	•	.00	•
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	U	0 \$.00	\$.00	.000 \$.00	•
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	Ü	Ü	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 s	.00	\$.00	.000 \$.00	
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	•
HOSP INPATIENT TOTAL	Ô	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Õ	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	Ō	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$	
CO HOSPITAL INPATIENT TOTAL	Ô	n v	.00	.00	.000	.00	.00
HSC HOSPITALS	Õ	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00				
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ô	Ō	.00	.00	.000	.00	.00
ROOM USE	n	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	n	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	•					PAGE 3,119
MOP024	FEE-FOR-SERVICE/DENTAL		.ii Or-FAIRENI RE	SECIKI POK UAN A	ZOOS TIIKO DEC	2003	·
MOPUZ4	CHAMADY OF CERVICE OF		,	ATD GODEG	71		01/29/04

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

JORGERT	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	·	0		.00		.00	.000		.00		.00
	0		Ċ		4			4		d	
@STATE HOSPITAL	U	0	\$.00	\$.00	.000	Ş	.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	\$.00
LEV A-INTERMEDIATE	0	0	т	.00	т	.00	.000	т	.00	т.	.00
	0	0									
LEV B-REHAB MD	Ū	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ċ	.00	4		.000	4	.00	d	
	0	0	\$		\$.00		Ą		\$.00
ICF DDH	Ü	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	n	0	\$.00	\$.00	.000	Ġ	.00	\$.00
	0	0	Y		٧		.000	Y		Y	
HOSPITAL BASED	0			.00		.00			.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	_	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	Õ	0	\$.00	\$.00	.000	ċ,	.00	\$.00
	0		Ą		Ą			Ą		Ą	
PATHOLOGY	Ü	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	Λ		.00		.00	.000		0.0		.00
									. 00		
	0	0				0.0			.00		0.0
SURGICENTER	0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0 0 0	0 0 0		.00 .00 .00		.00	.000 .000 .000		.00 .00 .00		.00
SURGICENTER HEROIN DETOX CLINIC		0 0 0 0 ES AND EXPENDITU	RES MON'	.00 .00 .00	EPORT	.00	.000 .000 .000	DEC	.00 .00 .00	PAG	.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC		ES AND EXPENDITUR	RES MON'	.00 .00 .00	EPORT	.00	.000 .000 .000	DEC	.00 .00 .00	PAG	.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUE DENTAL		.00 .00 .00 TH-OF-PAYMENT RI	EPORT	.00 .00 FOR JAN 2	.000 .000 .000 .000	DEC	.00 .00 .00	PAC	.00 .00 GE 3,120
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR		.00 .00 .00 TH-OF-PAYMENT RI	EPORT	.00	.000 .000 .000 .003 THRU		.00		.00 .00 SE 3,120 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURED FOR THE STATE OF THE STA	DIALYSI	.00 .00 .00 TH-OF-PAYMENT RI		.00 .00 FOR JAN 2	.000 .000 .000 .003 THRU 71	TNO	.00 .00 .00 2 2003	GE	.00 .00 SE 3,120 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURE I/DENTAL ICES FOR RENAL I UNITS OF SERVICE	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI	AVE	.00 .00 FOR JAN 2 AID CODES	.000 .000 .000 .003 THRU 71 M UNITS/DAY	ONT	.00 .00 .00 2 2003 THLY AVERAGE COST PER	GE CC	.00 .00 SE 3,120 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE DENTAL TICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI S EXPENDITURES	AVE PEF	.00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY	.000 .000 .000 .003 THRU 71 M UNITS/DAY PER ELIG	ONT	.00 .00 .00 2003 CHLY AVERAC COST PER USER	GE CC EI	.00 .00 GE 3,120 01/29/04 DST PER LIGIBLE
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURE I/DENTAL ICES FOR RENAL I UNITS OF SERVICE	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RI	AVE	.00 .00 FOR JAN 2 AID CODES	.000 .000 .000 .003 THRU 71 M UNITS/DAY	ONT	.00 .00 .00 2 2003 THLY AVERAGE COST PER	GE CC EI	.00 .00 SE 3,120 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE DENTAL TICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RE S EXPENDITURES .00	AVE PEF	.00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00	.000 .000 .000 .003 THRU 71 M UNITS/DAY PER ELIG .000	ONT	.00 .00 .00 2003 THLY AVERAC COST PER USER .00	GE CC EI	.00 .00 GE 3,120 01/29/04 DST PER LIGIBLE .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE I/DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE 0	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RE S EXPENDITURES .00 .00	AVE PEF	.00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00	.000 .000 .000 .003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT	.00 .00 .00 ! 2003 THLY AVERAC COST PER USER .00 .00	GE CC EI	.00 .00 .00 01/29/04 DST PER LIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE I/DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE 0	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RE S EXPENDITURES .00 .00	AVE PEF	.00 .00 FOR JAN 2 AID CODES ERAGE COST UNIT/DAY .00 .00 .00	.000 .000 .000 .003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT	.00 .00 .00 2 2003 THLY AVERAC COST PER USER .00 .00	GE CC EI	.00 .00 .00 01/29/04 DST PER LIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE I/DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE 0	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RES S EXPENDITURES .00 .00 .00	AVE PEF	.00 .00 FOR JAN 2 AID CODES ERAGE COST UNIT/DAY .00 .00 .00	.000 .000 .000 .003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT	.00 .00 .00 2003 THLY AVERA COST PER USER .00 .00 .00	GE CC EI	.00 .00 .00 01/29/04 DST PER LIGIBLE .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE I/DENTAL ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE 0	DIALYSI E	.00 .00 .00 TH-OF-PAYMENT RES S EXPENDITURES .00 .00 .00	AVE PEF	.00 .00 FOR JAN 2 AID CODES ERAGE COST UNIT/DAY .00 .00 .00	.000 .000 .000 .003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT	.00 .00 .00 2003 THLY AVERAC COST PER USER .00 .00 .00	GE CC EI	.00 .00 .00 01/29/04 DST PER LIGIBLE .00 .00 .00
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HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN A	S A SEPARATE	TNFORMATION	TTEM ONLY;					

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PAGE 3,121 01/29/04 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV FEE-FOR-SERVICE/DENTAL MOP024

MOP024	FEE-FOR-SERVICE	:/DENTAL									01	/29/04
FRESNO COUNTY	SUMMARY OF SERV	VICES FOR	TOTAL	PARENT	ERAL NUTRITION		AID CODES	73				
								M	ONTE	HLY AVERAG	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S C	COST PER	COST	PER
		OR DAYS	OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	ELIG	IBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000		.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	т	.00	4	.00	.000	т	.00	-	.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0	Ψ	.00	τ	.00	.000	Υ	.00	Τ	.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0	Ψ	.00	τ	.00	.000	Υ	.00	Τ	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
	ű		ŭ		.00		• • • •					

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DE	2003	PAGE 3,122
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR TOTAL PARENT	ERAL NUTRITION	AID CODES	73		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00

						M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY				COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		CES AND EXPENDITURES					PAGE 3,123
MOP024	FEE-FOR-SERVIC		MONIH-OF-PAIMENT R	LPORI FOR UAN	ZUUS IRKU DEC	2003	01/29/04
FRESNO COUNTY			ENTERDAT NITTED TELLONI	ATD CODEC	77		01/29/04
FRESNO COUNTY	SUMMARY OF SER	VICES FOR TOTAL PAR	ENIERAL NUIRIIION	AID CODES		TIT 37 A T T T T T A T	30
00 51 16151 56				111ED 1 GE GOOT	MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
COMMUNITY HOSPITAL TOTAL	0	0 \$		\$.00	.000 \$.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	n	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Õ	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
COMM HOSP OUTPATIENT TOTAL	0	U	.00	.00	.000	.00	.00
MEDICAL	0	U	.00	.00	.000	.00	.00
SURGERY	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
NURSING FACILITY	0	0 \$		\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	Ô	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HISPIL BASED LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0					
ILV B-REGULAR DINTERMEDIATE CARE FACILDD	0	•	.00	.00	.000	.00	.00
	U	0 \$		\$.00	.000 \$.00	\$.00
ICF DDH	Û	Ü	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	Ó	0	.00	.00	.000	.00	.00
DLABORATORY FACILITY	Û	0 \$		\$.00	.000 \$.00	\$.00
PATHOLOGY	0	n	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
ORGANIZED OUTPATIENT CLINIC	0	0 \$					
	U	υ ş	.00		.000 \$.00	•
CLINIC	Û	Ü	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

LY AVERAGE	
OST PER	COST PER
USER	ELIGIBLE
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.00	.00
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.00	.00
.00	.00
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.00	.00
.00	.00
-	USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,125 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER :	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 3,126
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56 5	57		
				-	MONT	HLY AVERAGI	E

							Mo	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000	-	.00	-	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	•	.00	•	.00	.000	-	.00	-	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN 200	03 THRU DEC	2003	PAGE 3,127
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56 5	7		
					MONTE	DITT 17 ATTED A C	-

AID CODES 51 52 56 5 ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00 .00 COMM HOSP INPATIENT TOTAL 0 0 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 .00 .00 .00 SURGERY .000 .00 .000 PATHOLOGY .00 .00 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 .00 ROOM USE .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @STATE HOSPITAL .00 .00 .000 \$.00 .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .000 .00 .00 .00 @NURSING FACILITY .00 .00 .000 \$.00 .00 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 0 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 LEV B-REGULAR 0 .00 .00 .000 .00 .00 0 @INTERMEDIATE CARE FACIL.-DD \$.00 .000 \$.00 .00 .00 ICF DDH 0 .00 .000 .00 .00 .00 ICF DD 0 .00 .00 .000 .00 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .00 @HEMODIALYSIS TOTAL .00 \$.000 \$.00 \$.00 HOSPITAL BASED 0 .00 .00 .000 .00 .00 0 .00 HEMODIALYSIS CENTER .00 .000 .00 .00 .00 0 \$.00 .000 .00 .00 @REHABILITATION FACILITY \$ \$ HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	Õ	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 3,128
MOP024	FEE-FOR-SERVICE		IVIII OI IIIIIIIIVI ICI	DIORI TOR OTH	2005 TIMO DEC	2005	01/29/04
FRESNO COUNTY		ICES FOR IRCA ALIENS	AID (CODES 51 52 56	57		01/25/01
PRESNO COUNTI	BOMMARCI OF BERCY	ICES FOR IRCA ADIENS	AID (CODED JI JZ JO	MONTE	HIV AVERAG	1E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER
00 HHIGIBHE	OBLIEB	OR DAYS OF CARE	BAI BIDITORES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	
DURABLE MED. EQUIP.	Ŏ	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
	0	0					
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	U	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	U	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**		0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION ITEM O	NLY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL LINES	ABOVE.				
** THESE DATA ARE INCLUDED I							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 3,129
MOP024	FEE-FOR-SERVICE						01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MI/MN ALIEN	WITHOUT SIS AID (CODE 55 58 5F			
					MONTE	HLY AVERAG	E
21,505 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8,420	60,864 \$	5,197,206.98	\$ 85.39	2.830 \$		\$ 241.67
@PHYSICIANS SERVICES	4,166	18,597 \$	905,824.17	\$ 48.71	.865 \$	217.43	
OUTPATIENT VISITS	2,468	9,752	223,703.47	22.94	.453	90.64	10.40
OFFICE VICITS	197	223	8 558 67	38 38	010	43 45	40

38.38

.00

57.73

.010

.000

.021

43.45

.00

63.80

8,558.67

.00

.40

.00

1.24

OFFICE VISITS

EMERGENCY ROOM

HOME VISITS

197

0

418

223

0

462

PREVENTIVE CARE	6	6	273.41	45.57	.000	45.57	.01
OB VISITS/COMPRE PERI	1,776	8,781	181,945.82	20.72	.408	102.45	8.46
OTHER OUTPATIENT	248	280	6,255.77	22.34	.013	25.22	.29
INPATIENT VISITS	677	1,519	81,944.13	53.95	.071	121.04	3.81
HOSPITAL VISITS	662	1,337	58,579.57	43.81	.062	88.49	2.72
CRITICAL CARE	21	182	23,364.56	128.38	.008	1112.60	1.09
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	164.66	54.89	.000	54.89	.01
EXAMINATIONS	3	3	164.66	54.89	.000	54.89	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	804	2,967	417,335.80	140.66	.138	519.07	19.41
PRINCIPAL SURGEON	576	608	351,451.41	578.05	.028	610.16	16.34
ASSISTANT SURGEON	102	101	18,727.32	185.42	.005	183.60	.87
ANESTHESIOLOGIST	270	2,258	47,157.07	20.88	.105	174.66	2.19
OUTPATIENT SURGERY	236	437	32,071.50	73.39	.020	135.90	1.49
PRINCIPAL SURGEON	210	299	28,360.87	94.85	.014	135.05	1.32

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	52	138		3,710.63		26.89	.006		71.36		.17
DIALYSIS	20	73		6,386.53		87.49	.003		319.33		.30
PATHOLOGY	781	1,556		42,287.49		27.18	.072		54.15		1.97
RADIOLOGY	1,214	1,675		79,258.08		47.32	.078		65.29		3.69
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	62	80		2,758.83		34.49	.004		44.50		.13
OTHER SERVICES/ALL X-OVERS	383	535		19,913.68		37.22	.025		51.99		.93
@PHARMACY	3,274	7,993	\$	225,097.41	\$	28.16	.372	\$	68.75	\$	10.47
PRESCRIPTION DRUGS	3,150	7,118		205,911.59		28.93	.331		65.37		9.58
SNF/ICF	10	56		8,221.78		146.82	.003		822.18		.38
OUTPATIENTS	3,140	7,062		197,689.81		27.99	.328		62.96		9.19
MEDICAL SUPPLIES	262	875		19,185.82		21.93	.041		73.23		.89
@DENTIST	88	231	\$	3,674.75	\$	15.91	.011	\$	41.76	\$.17
VISITS - DIAGNOSTIC	76	134		1,307.75		9.76	.006		17.21		.06
ORAL SURGERY	35	63		2,057.00		32.65	.003		58.77		.10
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.00
PERIODONTICS	5	6		110.00		18.33	.000		22.00		.01
ENDODONTICS	2	4		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	7	17		.00		.00	.001		.00		.00
PROSTHETICS	1	1		50.00		50.00	.000		50.00		.00
DENTURES, STAYPLATES	1	1		50.00		50.00	.000		50.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	3		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M	IONTH-OF-PAYMENT RE	EPOR'	Γ FOR JAN	2003 THRU	DEC	2003	PA	•
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR MI/MN	ALIEN	WITHOUT SIS AID (CODE	55 58 5F					

PRESNO COUNTI	DOMMANT OF BENC	VICED FOR	MIT/MIN A	 WIIIIOOI DID AID	CODE	33 30 3E	3.6	~***		αп	
01 FOR BLIGHBURG	Hanna	INITEG OF	GEDIT GE		7. 7. 7.	TRACE COCE			THLY AVERA	GE.	COCE DED
21,505 ELIGIBLES	USERS	UNITS OF		EXPENDITURES			UNITS/DAY:	_	COST PER		COST PER
		OR DAYS	OF CARE	0.0		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00		.00
EYE APPLIANCES	0		0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	0		0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	19		31	\$ 1,839.07	\$	59.32	.001	\$	96.79	\$.09
NURSE ANESTHESIST	58		337	\$ 7,494.42	\$	22.24	.016	\$	129.21	\$.35
NURSE MIDWIFE	4		12	\$ 455.12	\$	37.93	.001	\$	113.78	\$.02
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,788	21	,128	\$ 3,246,138.86	\$	153.64	.982	\$	856.95	\$	150.95
HOSP INPATIENT TOTAL	769	2	2,566	2,831,687.82		1103.54	.119		3682.30		131.68
HSC HOSPITALS	609	1	.,974	2,204,623.75		1116.83	.092		3620.07		102.52
NON-HSC HOSPITAL TOTAL	168		592	627,064.07		1059.23	.028		3732.52		29.16
ACCOMMODATIONS	164		592	229,620.15		387.87	.028		1400.12		10.68
ADMINISTRATIVE DAYS	2		15	3,469.50		231.30	.001		1734.75		.16
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	162		577	226,150.65		391.94	.027		1395.99		10.52
ANCILLARIES	168		0	397,443.92		.00	.000		2365.74		18.48

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	1	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,483	18,562		414,451.04	22.33	.863	118.99	19.27
MEDICAL	281	391		17,567.29	44.93	.018	62.52	.82
SURGERY	190	336		9,563.00	28.46	.016	50.33	.44
PATHOLOGY	1,619	5,022		68,089.21	13.56	.234	42.06	3.17
RADIOLOGY	490	770		51,808.89	67.28	.036	105.73	2.41
ROOM USE	2,187	3,630		135,888.85	37.43	.169	62.13	6.32
CROSSOVERS/ALL OTH OUTPTNT	1,908	8,413		131,533.80	15.63	.391	68.94	6.12
@COUNTY HOSPITAL TOTAL	17	46	\$	12,395.42	\$ 269.47	.002	\$ 729.14	\$.58
CO HOSPITAL INPATIENT TOTAL	3	9		11,241.06	1249.01	.000	3747.02	.52
HSC HOSPITALS	3	9		11,241.06	1249.01	.000	3747.02	.52
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	37		1,154.36	31.20	.002	82.45	.05
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	15		229.72	15.31	.001	76.57	.01
RADIOLOGY	2	2		164.44	82.22	.000	82.22	.01
ROOM USE	12	15		563.44	37.56	.001	46.95	.03
CROSSOVERS/ALL OTH OUTPTNT	3	5		196.76	39.35	.000	65.59	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 3,131
MOP024	FEE-FOR-SERVICE/DENTA	L						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES F	OR MI/MN	ALIEN	WITHOUT SIS AID	CODE 55 58 5F			

PRESNO COUNTI	SUMMAKI OF SEK	VICES FOR MI/MIN ADIEM	WIIIIOUI SIS AID (20DE 22 26 2E			
					MON		
21,505 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,772	21,082 \$	3,233,743.44	\$ 153.39	.980 \$	857.30	\$ 150.37
COMM HOSP INPATIENT TOTAL	766	2,557	2,820,446.76	1103.03	.119	3682.05	131.15
HSC HOSPITALS	606	1,965	2,193,382.69	1116.23	.091	3619.44	101.99
NON-HSC HOSPITALS TOTAL	168	592	627,064.07	1059.23	.028	3732.52	29.16
ACCOMMODATIONS	164	592	229,620.15	387.87	.028	1400.12	10.68
ADMINISTRATIVE DAYS	2	15	3,469.50	231.30	.001	1734.75	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	162	577	226,150.65	391.94	.027	1395.99	10.52
ANCILLARIES	168	0	397,443.92	.00	.000	2365.74	18.48
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,470	18,525	413,296.68	22.31	.861	119.11	19.22
MEDICAL	281	391	17,567.29	44.93	.018	62.52	.82
SURGERY	190	336	9,563.00	28.46	.016	50.33	.44
PATHOLOGY	1,616	5,007	67,859.49	13.55	.233	41.99	3.16
RADIOLOGY	488	768	51,644.45	67.25	.036	105.83	2.40
ROOM USE	2,176	3,615	135,325.41	37.43	.168	62.19	6.29
CROSSOVERS/ALL OTH OUTPTNT	1,905	8,408	131,337.04	15.62	.391	68.94	6.11
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	64 \$	7,721.71	\$ 120.65	.003 \$	3860.86	\$.36
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	2	64		7,721.71		120.65	.003		3860.86		.36
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	28	1,227	\$	66,617.08	\$	54.29	.057	\$	2379.18	\$	3.10
HOSPITAL BASED	4	13		16,599.37		1276.87	.001		4149.84		.77
HEMODIALYSIS CENTER	25	1,214		50,017.71		41.20	.056		2000.71		2.33
@REHABILITATION FACILITY	14	69	\$	1,464.67	\$	21.23	.003	\$	104.62	\$.07
HOSPITAL BASED	9	39		997.43		25.58	.002		110.83		.05
INDEPENDENT FACILITY	5	30		467.24		15.57	.001		93.45		.02
@LABORATORY FACILITY	1,020	3,118	\$	44,967.02	\$	14.42	.145	\$	44.09	\$	2.09
PATHOLOGY	1,015	3,113		44,669.52		14.35	.145		44.01		2.08
XO AND OTHERS	6	5		297.50		59.50	.000		49.58		.01
@ORGANIZED OUTPATIENT CLINIC	1,890	5,098	\$	584,931.80	\$	114.74	.237	\$	309.49	\$	27.20
CLINIC	60	246		7,232.75		29.40	.011		120.55		.34
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,839	4,852		577,699.05		119.06	.226		314.14		26.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES 1	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU 1	DEC	2003	PI	AGE 3,132
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

INDINO COUNTI	DOMINIMO OF DERIVICE	ID I OIC III / III I	71111	WIIIIOOI DID MID	CODE 33 30	31		
						N	ONTHLY AVERA	AGE
21,505 ELIGIBLES	USERS UI	NITS OF SERVICE	:	EXPENDITURES	AVERAGE	COST UNITS/DAY	S COST PER	COST PER
	(OR DAYS OF CARE	:		PER UNIT	/DAY PER ELIC	USER	ELIGIBLE
@ALL OTHER PROVIDERS	786	2,959	\$	100,980.90	\$ 34.	13 .138	\$ 128.47	\$ 4.70
DURABLE MED. EQUIP.	70	79		7,501.88	94.	.004	107.17	.35
BLOOD BANK	0	0		.00		.000	.00	.00
HEARING AID DISPENSERS	0	0		.00		.000	.00	.00
MEDICAL TRANSPORTATION	161	2,027		24,983.09	12.	33 .094	155.17	1.16
AMBULANCES/AIR TRANS	161	2,025		21,908.09	10.	.094	136.08	1.02
OTHER TRANS	0	0		.00		.000	.00	.00
OTHER SERVICES	2	2		3,075.00	1537.	.000	1537.50	.14
ACUPUNCTURE	0	0		.00		.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.000	.00	.00
GENETIC DISEASE TESTING	369	371		38,362.00	103.	40 .017	103.96	1.78
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.000	.00	.00
OPTICIAN	0	0		.00		.000	.00	.00
PHYSICAL THERAPIST	23	68		4,035.08	59.	.003	175.44	.19
PORTABLE X-RAY	0	0		.00		.000	.00	.00
PROSTHETIST/ORTHOTISTS	226	414		26,098.85	63.	.019	115.48	1.21
PROSTHETICS	61	209		7,410.16	35.	.010	121.48	.34
ORTHOTICS	199	205		18,688.69	91.	16 .010	93.91	.87
PSYCHOLOGIST	0	0		.00		.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.000	.00	.00
HOSPICE SERVICES	0	0		.00		.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.000	.00	.00
@CALIF. CHILDREN SERVICES*	126	1,227	\$	398,872.61	\$ 325.	08 .057	\$ 3165.66	\$ 18.55
@XOVER EXCLUDING STATE HOSP**	6	75	\$	4,589.24	\$ 61.		\$ 764.87	\$.21
®* TOTATO IN TURCE IINEC ADE	CITIENT AC A CEDADATI	T TNEODMATTON T	י מיםים	ONI V:	-		-	-

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

11125110 0001111		1025 1011 1121 00225	1122	00220 01 02 00	MON	THLY AVERA	GE
146 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
110 1110111110	OBLIE	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	195	4,935 \$	56,128.85	\$ 11.37	33.801 \$		
@PHYSICIANS SERVICES	79	286 \$	11,289.84	\$ 39.47	1.959 \$		
	7 <i>9</i> 59	94	3,688.58	39.24	.644	62.52	25.26
OUTPATIENT VISITS							
OFFICE VISITS	58	92	3,619.60	39.34	.630	62.41	24.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.014	34.49	. 47
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	13	13	685.41	52.72	.089	52.72	4.69
EXAMINATIONS	13	13	685.41	52.72	.089	52.72	4.69
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0				219.67	
OUTPATIENT SURGERY	4	6	878.69	146.45	.041		6.02
PRINCIPAL SURGEON	4	6	878.69	146.45	.041	219.67	6.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	16	20	208.35	10.42	.137	13.02	1.43
RADIOLOGY	21	37	1,955.47	52.85	.253	93.12	13.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	13	320.54	24.66	.089	45.79	2.20
OTHER SERVICES/ALL X-OVERS	31	103	3,552.80	34.49	.705	114.61	24.33
@PHARMACY	34	3,616 \$	5,204.00	\$ 1.44	24.767 \$	153.06	\$ 35.64
PRESCRIPTION DRUGS	32	121	4,753.51	39.29	.829	148.55	32.56
SNF/ICF	1	12	1,073.60	89.47	.082	1073.60	7.35
OUTPATIENTS	31	109	3,679.91	33.76	.747	118.71	25.20
MEDICAL SUPPLIES	4	3,495	450.49	.13	23.938	112.62	3.09
@DENTIST	51	270 \$	16,963.00	\$ 62.83	1.849 \$		
VISITS - DIAGNOSTIC	34	95	2,531.00	26.64	.651	74.44	17.34
ORAL SURGERY	7	15	1,136.00	75.73	.103	162.29	7.78
DRUGS	1	3	45.00	15.00	.021	45.00	.31
ANESTHESIA	1	1	100.00	100.00	.007	100.00	.68
	6	6					
PERIODONTICS	9		966.00	161.00	.041	161.00	6.62
ENDODONTICS		19	5,115.00	269.21	.130	568.33	35.03
RESTORATIVE DENTISTRY	26	118	6,564.00	55.63	.808	252.46	44.96
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	12	506.00	42.17	.082	168.67	3.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.007	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 3,134
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
FRESNO COUNTY		ICES FOR REFUGEES	AID	CODES 01 02 08	0A		
						THLY AVERA	GE
146 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
· ·		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
		01 01111					

@OPTOMETRIST	4	10	\$ 296.02	\$ 29.60	.068	\$ 74.01	\$ 2.03
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.027	47.45	1.30
EYE APPLIANCES	2	6	106.22	17.70	.041	53.11	.73
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00) \$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	3	3 \$			134.04		\$ 134.04	\$ 2.75	
HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00)	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00	
ANCILLARIES	0	0	.00		.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00)	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00)	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	3	3	402.11	_	134.04	.021	134.04	2.75	
MEDICAL	0	0	.00)	.00	.000	.00	.00	
SURGERY	0	0	.00)	.00	.000	.00	.00	
PATHOLOGY	0	0	.00)	.00	.000	.00	.00	
RADIOLOGY	2	2	370.18	}	185.09	.014	185.09	2.54	
ROOM USE	1	1	31.93	}	31.93	.007	31.93	.22	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00)	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$.00) \$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00)	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00)	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00)	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00)	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00)	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00)	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00)	.00	.000	.00	.00	
ANCILLARIES	0	0	.00)	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00)	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00)	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00)	.00	.000	.00	.00	
MEDICAL	0	0	.00)	.00	.000	.00	.00	
SURGERY	0	0	.00)	.00	.000	.00	.00	
PATHOLOGY	0	0	.00)	.00	.000	.00	.00	
RADIOLOGY	0	0	.00)	.00	.000	.00	.00	
ROOM USE	0	0	.00)	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00)	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	S MONTH-OF-PAYMENT	REPORT	r for jan 2	2003 THRU D	EC 2003	PAGE 3,135	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
FRESNO COUNTY	SUMMARY OF SERVICES FOR	REFUGEES	AII	CODES	5 01 02 08	0A			
						MC	NTHLY AVERA	GE	
1/6 FITCIDIFC	TICEDC TIMITE OF	Z CEDVITCE	ם שם וויד רואים מעים	7,777	TDACE COCT	IINITTO / DAVO	COCT DED	COCT DED	

					MON	THLY AVERAG	E
146 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	3 \$	402.11	\$ 134.04	.021 \$	134.04	\$ 2.75
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	3	402.11	134.04	.021	134.04	2.75
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	370.18	185.09	.014	185.09	2.54
ROOM USE	1	1	31.93	31.93	.007	31.93	.22

CROSSOVERS/ALL OTH OUTPINT	0	0		.00)	.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00)	.00	.000		.00		.00
@NURSING FACILITY	1	92	\$	10,984.52	\$	119.40	.630	\$	10984.52	\$	75.24
LEV A-INTERMEDIATE	0	0		.00		.00	.000	-	.00	-	.00
LEV B-REHAB MD	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	1	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	1	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	92		10,984.52	}	119.40	.630		10984.52		75.24
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00		.00	.000		.00	•	.00
ICF DD	0	0		.00	1	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	1	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	1	.00	.000		.00		.00
@LABORATORY FACILITY	45	360	\$	4,133.47	\$	11.48	2.466	\$	91.85	\$	28.31
PATHOLOGY	45	360		4,133.47		11.48	2.466		91.85		28.31
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	56	253	\$	6,377.34		25.21	1.733	\$	113.88	\$	43.68
CLINIC	55	246		6,044.00)	24.57	1.685		109.89		41.40
SURGICENTER	1	6		188.21		31.37	.041		188.21		1.29
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		145.13		145.13	.007		145.13		.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDI	TURES 1	MONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC	2003	PI	AGE 3,136
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERVI	CES FOR REFU	GEES	AID	CODES	S 01 02 08	0A				
								-	THLY AVERA	GE -	
146 ELIGIBLES	USERS	UNITS OF SERV	-	EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF C	ARE				PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	20	45	Ś	478 55	Ś	10 63	308	Ś	23 93	Ś	3 28

					MON	THLY AVERAG	E
146 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	20	45 \$	478.55	\$ 10.63	.308 \$	23.93	\$ 3.28
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	45	478.55	10.63	.308	23.93	3.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,137 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

FRESNO COUNTY	SUMMARY OF SERV	VICES FOR BCCTP-FEDERAL	AJ	LD CODES OM ON			
							GE
858 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,130	36,418 \$	1,262,249.72	\$ 34.66	42.445 \$	1117.04	\$ 1471.15
@PHYSICIANS SERVICES	787	18,154 \$	576,431.29	\$ 31.75	21.159 \$	732.44	\$ 671.83
OUTPATIENT VISITS	508	990	29,698.25	30.00	1.154	58.46	34.61
OFFICE VISITS	416	805	22,704.85	28.20	.938	54.58	26.46
HOME VISITS	USERS 1,130 787 508 416 0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	45	57	3,706.56	65.03	.066	82.37	4.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	30	1,215.48	40.52	.035	173.64	1.42
OTHER OUTPATIENT	85	98	2,071.36	21.14	.114	24.37	2.41
INPATIENT VISITS	25	87	3,960.05	45.52	.101	158.40	4.62
HOSPITAL VISITS	24	82	3,526.95	43.01	.096	146.96	4.11
CRITICAL CARE	2	4	361.00	90.25	.005	180.50	.42
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.001	72.10	.08
OPHTHALMOLOGICAL SERVICES	5	6	266.83	44.47	.007	53.37	.31
EXAMINATIONS	5	6	266.83	44.47	.007	53.37	.31
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	84	403		83.79	.470	401.97	39.35
INPATIENT HOSPITAL SURGERY	61	87	33,765.60 27,704.12	318.44	.101	454.17	39.35
PRINCIPAL SURGEON	9	10	1,184.68	118.47	.012		1.38
ASSISTANT SURGEON				118.47		131.63	
ANESTHESIOLOGIST	25 96	306	4,876.80	15.94 67.40	.357	195.07	5.68
OUTPATIENT SURGERY	96 75	333	22,442.95	67.40	.388	233.78	26.16
PRINCIPAL SURGEON		99	18,054.88	182.37	.115	240.73	21.04
ASSISTANT SURGEON	1	1	141.10	141.10	.001	141.10	.16
ANESTHESIOLOGIST	27	233	4,246.97	18.23	.272	157.30	4.95
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	358	2,391	27,877.42	11.66	2.787	77.87	32.49
RADIOLOGY	330	979	49,610.40	50.67	1.141	150.33	57.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	156	11,987	380,256.11	31.72	13.971	2437.54	443.19
OTHER SERVICES/ALL X-OVERS	171	978	28,553.68	29.20	1.140	166.98	33.28
@PHARMACY	690	2,858 \$	179,841.86	\$ 62.93	3.331 \$		
PRESCRIPTION DRUGS	679	2,258	176,590.40	78.21	2.632	260.07	205.82
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	679	2,258	176,590.40	78.21	2.632	260.07	205.82
MEDICAL SUPPLIES	49	600	3,251.46	5.42	.699	66.36	3.79
@DENTIST	62	300 \$		\$ 52.41	.350 \$		
VISITS - DIAGNOSTIC	40	157	2,490.25	15.86	.183	62.26	2.90
ORAL SURGERY	20	51	2,571.00	50.41	.059	128.55	3.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	6	6	973.00	162.17	.007	162.17	1.13
ENDODONTICS	4	5	1,395.00	279.00	.006	348.75	1.63
RESTORATIVE DENTISTRY	22	64	5,293.00	82.70	.075	240.59	6.17
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	17	3,002.00	176.59	.020	500.33	3.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

0 MAXILLOFACIAL SERVICES 0 FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0 0 0 0 0

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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#CALIF DEPT OF HEALTH SERV MOP024

ALL OTHER SERVICES

FEE-FOR-SERVICE/DENTAL

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FRESNO COUNTY	SUMMARY OF SERVI	CES FOR	BCCTP-F	EDERAL	Α-	TD C	ODES OM ON	0P				,,
THEONO COUNTY	BOILING OF BEICVE	CLD I OIL	DCCII I		111		0000 011 011	M	ТИС	HIY AVERA	GE.	
858 ELIGIBLES	USERS 1	UNITS OF	SERVICE		EXPENDITURES	Δ1 <i>7</i>	ERAGE COST					COST PER
030 111011110	OBERS		OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	33	OR DITTE	107	\$	2,575.80	\$.125		78.05		3.00
DIAGNOSTIC AND ANC. PROCED	33 26 29		26	Y	1,208.84	Y	46.49	.030	Y	46.49	Y	1.41
EYE APPLIANCES	20		81		1,366.96		16.88	.094		47.14		1.59
OTHER OPTOMETRIC SERVICES	0		0		•		.00	.000		.00		.00
	4			<u>ب</u>	.00 83.60	\$	16.72	.006	۲,	20.90	Ċ.	.10
@CHIROPRACTOR	4		5 5	\$		Ą			Ą	20.90	Ą	
VISITS	4		0		83.60		16.72	.006 .000				.10
OTHER SERVICES	10		17	Å	.00	\$.00		4	.00	4	.00
@PODIATRIST	10			\$	647.82	Ş		.020	Ş	64.78	Ş	.76
MEDICINE/INJECTIONS	9 0 2		10		306.40		30.64	.012		34.04		.36
SURGERY/ANES.	U		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	-		3		51.90		17.30	.003		25.95		.06
OTHER	2		4		289.52		72.38	.005	4.	144.76		.34
@HOME HEALTH AGENCY	22 2		200	Ş		\$	68.89	.233	Ş	626.31		16.06
NURSE ANESTHESIST			26	\$	364.10	\$	14.00	.030		182.05		.42
NURSE MIDWIFE	0		0	\$ \$ \$.00	\$.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0 5,298	\$.00 418,479.78		.00	.000	\$.00		.00
@TOTAL HOSPITAL	561	!		\$	418,479.78	\$	78.99	6.175	\$	745.95	\$	487.74
HOSP INPATIENT TOTAL	53		178		197,074.48		1107.16	.207		3718.39		229.69
HSC HOSPITALS	50		173		180,435.00		1042.98	.202		3608.70		210.30
NON-HSC HOSPITAL TOTAL	0 561 53 50 3		5		16,639.48		1107.16 1042.98 3327.90	.006		5546.49		19.39
ACCOMMODATIONS	3		5		1,760.94		352.19	.006		586.98		2.05
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	3 0 0 3 3 3		0 5		.00		.00 352.19 .00	.000		.00		.00
ALL OTHER ACCOM	3		5		1,760.94		352.19	.006		586.98		2.05
ANCILLARIES	3		0		14,878.54		.00	.000		4959.51		17.34
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	547	!	5,120		221,405.30		43.24	5.967		404.76		258.05
MEDICAL	9.2		155		9,916.65		63.98	.181		107.79		11.56
SURGERY	46		47		3,946.61		83.97	.055		85.80		4.60
PATHOLOGY	248		874		10,096.17		11.55	1.019		40.71		11.77
RADIOLOGY	290		1,317		112,789.34		85.64	1.535		388.93		131.46
ROOM USE	309		638		27,672.11		43.37	.744		89.55		32.25
CROSSOVERS/ALL OTH OUTPTNT			2,089		56,984.42		27.28	2.435		247.76		66.42
@COUNTY HOSPITAL TOTAL	0	•	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		Ö	7	.00	Ψ.	.00	.000	Τ.	.00	Ψ.	.00
HSC HOSPITALS	0		Ö		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0				.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0 0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00					.00		
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	U		0				.00	.000				.00
MEDICAL	U		0		.00		.00	.000		.00		.00
SURGERY	U		0		.00		.00	.000		.00		.00
PATHOLOGY	U		U		.00		.00	.000		.00		.00

RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0		0 0 0		.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		PENDITURE	S MONT	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 3,139 01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR	BCCTP-FE	DERAL	AI	D CODES 0M 0N	0P		
							MON	THLY AVERAG	GE
858 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	561		5,298	\$	418,479.78	\$ 78.99	6.175 \$	745.95	\$ 487.74
COMM HOSP INPATIENT TOTAL	53		178		197,074.48	1107.16	.207	3718.39	229.69
HSC HOSPITALS	50		173		180,435.00	1042.98	.202	3608.70	210.30
NON-HSC HOSPITALS TOTAL	3		5		16,639.48	3327.90	.006	5546.49	19.39
ACCOMMODATIONS	3		5		1,760.94	352.19	.006	586.98	2.05
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	3	5		1,760.94		352.19	.006		586.98		2.05
ANCILLARIES	3	0		14,878.54		.00	.000		4959.51		17.34
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0 5,120		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0 5 4 7	5 120		221,405.30		43.24	5.967		404.76		258.05
MEDICAL	92	155		9,916.65		63.98	.181		107.79		11.56
	46	47									4.60
SURGERY				3,946.61		83.97	.055		85.80		
PATHOLOGY	248	874		10,096.17		11.55	1.019		40.71		11.77
RADIOLOGY	290	1,317		112,789.34		85.64	1.535		388.93		131.46
ROOM USE	309	638		27,672.11		43.37	.744		89.55		32.25
CROSSOVERS/ALL OTH OUTPINT	230	2,089		56,984.42		27.28	2.435		247.76		66.42
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000	-	.00		.00
DEVELOP. DISABLED	0 0 1 0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	10	\$	2,160.40	\$	216.04	.012	\$		Ś	2.52
LEV A-INTERMEDIATE	0	0	Υ	.00	٧	.00	.000	٧	.00	٧	.00
LEV B-REHAB MD	0			.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	Ü			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	10		2,160.40		216.04	.012		2160.40		2.52
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0 0 0 0 0 0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Υ	.00	٧	.00	.000	٧	.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	11	118	\$	2,309.28	\$	19.57	.138	\$	209.93	4	2.69
WREHABILITATION FACILITY	11		Ş		Ą			Ą		Ą	
HOSPITAL BASED		118		2,309.28		19.57	.138		209.93		2.69
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	118	477	\$	6,438.59	\$	13.50	.556	\$	54.56	\$	7.50
PATHOLOGY	118	477		6,438.59		13.50	.556		54.56		7.50
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	138	238	\$	23,404.80	\$	98.34	.277	\$	169.60	\$	27.28
CLINIC	2	2		77.94		38.97	.002		38.97		.09
SURGICENTER	2	11		386.42		35.13	.013		193.21		. 45
HEROIN DETOX CLINIC	1	21		195.09		9.29	.024		195.09		.23
RURAL HEALTH CLINIC	133	204		22,745.35		111.50	.238		171.02		26.51
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITUR	FS MONT		тоорт			חדכ		D7	AGE 3,140
MOP024	FEE-FOR-SERVICE/		ES MONT	II-OF-PAIMENT KI	SPORT	FOR UAN 2	2003 11110	טייכ	2003	FI	01/29/04
FRESNO COUNTY		CES FOR BCCTP-F		Al	TD 00	DEC OM ON	ΔD				01/29/04
FRESHO COUNTY	SUMMARY OF SERVI	CES FOR BCCIP-F.	EDEKAL	Al	עז עז	DES OM ON				aп	
050 51 16151 56	Hanna					D. G. G. G.	M			_	
858 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
	102	8,610	\$	20,009.27	\$		10.035	\$	196.17	\$	23.32
DURABLE MED. EQUIP.	11	63		2,607.72		41.39	.073		237.07		3.04
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	26	790		4,967.53		6.29	.921		191.06		5.79
AMBULANCES/AIR TRANS	21	385		3,636.81		9.45	.449		173.18		4.24
OTHER TRANS	5	405		1,330.72		3.29	.472		266.14		1.55
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
ACUPUNCTURE	•					.00					.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	39	82		1,077.59		13.14	.096		27.63		1.26
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	28	68	5,804.76	85.36	.079	207.31	6.77
PROSTHETICS	28	68	5,804.76	85.36	.079	207.31	6.77
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	17	4,070.75	239.46	.020	2035.38	4.74
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	7,590	1,480.92	.20	8.846	164.55	1.73
@CALIF. CHILDREN SERVICES*	2	4	\$ 3,832.50	\$ 958.13	.005	\$ 1916.25	\$ 4.47
@XOVER EXCLUDING STATE HOSP**	9	70	\$ 2,163.69	\$ 30.91	.082	\$ 240.41	\$ 2.52

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,141
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY ALD CODES OR OT OU OV

FRESNO COUNTY	SUMMARY OF SERV	ICES FOR	BCCTP-ST	TATE-ON	LY AID	CODES	OR OT OU					
								MC			_	
78 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		RAGE COST		S CO	OST PER		COST PER
		OR DAYS	OF CARE			PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	110		610	\$	44,184.27	\$	72.43	7.821		401.68		566.47
@PHYSICIANS SERVICES	55		209	\$	9,253.91	\$	44.28	2.679	\$	168.25	\$	118.64
OUTPATIENT VISITS	40		70		1,861.42		26.59	.897		46.54		23.86
OFFICE VISITS	25		39		1,110.79		28.48	.500		44.43		14.24
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	3		3		221.03		73.68	.038		73.68		2.83
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	13		28		529.60		18.91	.359		40.74		6.79
INPATIENT VISITS	3		4		227.24		56.81	.051		75.75		2.91
HOSPITAL VISITS	3		4		227.24		56.81	.051		75.75		2.91
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3		3		1,084.14		361.38	.038		361.38		13.90
PRINCIPAL SURGEON	3		3		1,084.14		361.38	.038		361.38		13.90
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	7		12		1,025.61		85.47	.154		146.52		13.15
PRINCIPAL SURGEON	7		8		931.60		116.45	.103		133.09		11.94
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1		4		94.01		23.50	.051		94.01		1.21
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	14		51		995.74		19.52	.654		71.12		12.77
RADIOLOGY	13		25		1,167.27		46.69	.321		89.79		14.97
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2		36		351.18		9.76	.462		175.59		4.50
OTHER SERVICES/ALL X-OVERS	7		8		2,541.31		317.66	.103		363.04		32.58
@PHARMACY	58		143	\$	14,049.14	\$	98.25	1.833	\$	242.23	\$	180.12
PRESCRIPTION DRUGS	57		141		13,951.17		98.94	1.808		244.76		178.86
SNF/ICF	1		6		187.26		31.21	.077		187.26		2.40
OUTPATIENTS	56		135		13,763.91		101.95	1.731		245.78		176.46
MEDICAL SUPPLIES	1		2		97.97		48.99	.026		97.97		1.26
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	ORAL SURGERY	0	0	.00	.00	.000	.00	.00
	DRUGS	0	0	.00	.00	.000	.00	.00
	ANESTHESIA	0	0	.00	.00	.000	.00	.00
	PERIODONTICS	0	0	.00	.00	.000	.00	.00
	ENDODONTICS	0	0	.00	.00	.000	.00	.00
	RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	PROSTHETICS	0	0	.00	.00	.000	.00	.00
	DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
	SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
	MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
	ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#0	CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 3,142
1	MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
]	FRESNO COUNTY	SUMMARY OF SERVICES E	FOR BCCTP-STATE-0	ONLY AID CODES	OR OT OU C	V		
					-	MONT	HLY AVERAG	E
	70 FITCIBLES	TICEDO IMITEO	C OF CEDITOR	EADEMDIALIDEG VILLE	ACE COCT I	MITTE / DAVE	COCT DED	COCT DED

									HLY AVERA		
78 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
NURSE MIDWIFE	0	0	Ė	.00	Ė	.00	.000	Ė	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	\$.00
@TOTAL HOSPITAL	37	230	Š	20,283.23	Š	88.19	2.949	Š	548.20	Š	260.04
HOSP INPATIENT TOTAL	1	1	Υ	1,125.00	Υ	1125.00	.013	~	1125.00	т	14.42
HSC HOSPITALS	1	1		1,125.00		1125.00	.013		1125.00		14.42
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ô	0		.00		.00	.000		.00		.00
ANCILLARIES	Ô	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ô	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ô	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	37	229		19,158.23		83.66	2.936		517.79		245.62
MEDICAL	9	9		267.50		29.72	.115		29.72		3.43
SURGERY	2	2		135.01		67.51	.026		67.51		1.73
PATHOLOGY	14	43		491.10		11.42	.551		35.08		6.30
RADIOLOGY	13	18		1,924.28		106.90	.231		148.02		24.67
ROOM USE	26	54		2,366.83		43.83	.692		91.03		30.34
CROSSOVERS/ALL OTH OUTPTNT	18	103		13,973.51		135.67	1.321		776.31		179.15
@COUNTY HOSPITAL TOTAL	10	0	\$.00	Ś	.00	.000	بے	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	U		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON	TH-OF-PAYMENT REP	ORT FOR JAN 2	2003 THRU DEC	2003	PAGE 3,143
MOP024	FEE-FOR-SERVICE/DE						01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	S FOR BCCTP-STATE-0	NLY AID CO	DES OR OT OU	0V		
					MONT	HLY AVERAG	
78 ELIGIBLES		IITS OF SERVICE			,	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	230 \$	- , · -	\$ 88.19	2.949 \$		\$ 260.04
COMM HOSP INPATIENT TOTAL	1	1	1,125.00	1125.00	.013	1125.00	14.42
HSC HOSPITALS	1	1	1,125.00	1125.00	.013	1125.00	14.42
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	230	\$	20,283.23	\$	88.19	2.949	\$	548.20	\$	260.04
COMM HOSP INPATIENT TOTAL	1	1		1,125.00		1125.00	.013		1125.00		14.42
HSC HOSPITALS	1	1		1,125.00		1125.00	.013		1125.00		14.42
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	37	229		19,158.23		83.66	2.936		517.79		245.62
MEDICAL	9	9		267.50		29.72	.115		29.72		3.43
SURGERY	2	2		135.01		67.51	.026		67.51		1.73
PATHOLOGY	14	43		491.10		11.42	.551		35.08		6.30
RADIOLOGY	13	18		1,924.28		106.90	.231		148.02		24.67
ROOM USE	26	54		2,366.83		43.83	.692		91.03		30.34
CROSSOVERS/ALL OTH OUTPTNT	18	103		13,973.51		135.67	1.321		776.31		179.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	6	\$	85.36	\$	14.23	.077	\$	28.45	\$	1.09
PATHOLOGY	3	6	•	85.36	•	14.23	.077	•	28.45	•	1.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES MONTH-	OF-PAYMENT R	EPORT	FOR JAN	2003 THRU D	EC 2003	PAGE	3,144
MOP024	FEE-FOR-SERVICE/D	ENTAL							0.2	L/29/04
FRESNO COUNTY	SUMMARY OF SERVIC	ES FOR BCCTP-S	STATE-ONLY	AID	CODES	OR OT OU	0V			
							MO	NTHLY AVERA	GE	
78 ELIGIBLES	USERS U	NITS OF SERVICE	E E	XPENDITURES	AVEI	RAGE COST	UNITS/DAYS	COST PER	COST	r per
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER	ELIC	FIBLE
@ALL OTHER PROVIDERS	3	22	\$	512.63	\$	23.30	.282	\$ 170.88	\$	6.57
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	2	19		200.95		10.58	.244	100.48		2.58

AMBULANCES/AIR TRANS	2	19	200.95	10.58	.244	100.48	2.58
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	311.68	103.89	.038	311.68	4.00
PROSTHETICS	1	3	311.68	103.89	.038	311.68	4.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 39.78	\$ 39.78	.013	\$ 39.78	\$.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,145
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

INESNO COUNTI	DOMMARCE OF DER	VICES FOR DECIF TOTAL					
					MON		-
936 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,240	37,028 \$	1,306,433.99	\$ 35.28	39.560 \$	1053.58	\$ 1395.76
@PHYSICIANS SERVICES	842	18,363 \$	585,685.20	\$ 31.89	19.619 \$	695.59	\$ 625.73
OUTPATIENT VISITS	548	1,060	31,559.67	29.77	1.132	57.59	33.72
OFFICE VISITS	441	844	23,815.64	28.22	.902	54.00	25.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	48	60	3,927.59	65.46	.064	81.82	4.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	30	1,215.48	40.52	.032	173.64	1.30
OTHER OUTPATIENT	98	126	2,600.96	20.64	.135	26.54	2.78
INPATIENT VISITS	28	91	4,187.29	46.01	.097	149.55	4.47
HOSPITAL VISITS	27	86	3,754.19	43.65	.092	139.04	4.01
CRITICAL CARE	2	4	361.00	90.25	.004	180.50	.39
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.001	72.10	.08
OPHTHALMOLOGICAL SERVICES	5	6	266.83	44.47	.006	53.37	.29
EXAMINATIONS	5	6	266.83	44.47	.006	53.37	.29
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	87	406	34,849.74	85.84	.434	400.57	37.23
PRINCIPAL SURGEON	64	90	28,788.26	319.87	.096	449.82	30.76
ASSISTANT SURGEON	9	10	1,184.68	118.47	.011	131.63	1.27
ANESTHESIOLOGIST	25	306	4,876.80	15.94	.327	195.07	5.21
OUTPATIENT SURGERY	103	345	23,468.56	68.02	.369	227.85	25.07
PRINCIPAL SURGEON	82	107	18,986.48	177.44	.114	231.54	20.28
ASSISTANT SURGEON	1	1	141.10	141.10	.001	141.10	.15
ANESTHESIOLOGIST	28	237	4,340.98	18.32	.253	155.04	4.64
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	372	2,442	28,873.16	11.82	2.609	77.62	30.85

RADIOLOGY	343	1,004		50,777.67		50.58	1.073		148.04		54.25
PSYCHIATRY	0	. 0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	158	12,023		380,607.29		31.66	12.845		2408.91		406.63
OTHER SERVICES/ALL X-OVERS	178	986		31,094.99		31.54	1.053		174.69		33.22
@PHARMACY	748	3,001	\$	193,891.00	\$	64.61	3.206	\$	259.21	\$	207.15
PRESCRIPTION DRUGS	736	2,399		190,541.57		79.43	2.563		258.89		203.57
SNF/ICF	1	6		187.26		31.21	.006		187.26		.20
OUTPATIENTS	735	2,393		190,354.31		79.55	2.557		258.99		203.37
MEDICAL SUPPLIES	50	602		3,349.43		5.56	.643		66.99		3.58
@DENTIST	62	300	\$	15,724.25	\$	52.41	.321	\$	253.62	\$	16.80
VISITS - DIAGNOSTIC	40	157		2,490.25		15.86	.168		62.26		2.66
ORAL SURGERY	20	51		2,571.00		50.41	.054		128.55		2.75
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	6	6		973.00		162.17	.006		162.17		1.04
ENDODONTICS	4	5		1,395.00		279.00	.005		348.75		1.49
RESTORATIVE DENTISTRY	22	64		5,293.00		82.70	.068		240.59		5.65
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	6	17		3,002.00		176.59	.018		500.33		3.21
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 3,146
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	BCCTP-	-TOTAL	1							

----- MONTHLY AVERAGE -----936 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 107 2,575.80 24.07 .114 \$ 78.05 \$ 2.75 DIAGNOSTIC AND ANC. PROCED 26 26 1,208.84 46.49 .028 46.49 1.29 47.14 EYE APPLIANCES 1,366.96 16.88 .087 1.46 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 .00 @CHIROPRACTOR 83.60 16.72 .005 \$ 20.90 \$.09 VISITS 5 83.60 16.72 .005 20.90 .09 0 .00 .000 .00 OTHER SERVICES .00 .00 @PODIATRIST 17 647.82 38.11 .018 \$ 64.78 .69 MEDICINE/INJECTIONS 10 306.40 30.64 .011 34.04 .33 .00 0 .00 .00 .000 .00 SURGERY/ANES. 3 RADIO./PATHOLOGY 51.90 17.30 .003 25.95 .06 OTHER 289.52 72.38 .004 144.76 .31 .214 \$ @HOME HEALTH AGENCY 200 13,778.88 68.89 626.31 14.72 NURSE ANESTHESIST 26 364.10 14.00 .028 182.05 \$.39 .00 NURSE MIDWIFE .00 .000 \$.00 .00 .00 .00 .000 \$.00 .00 PEDIATRIC NURSE PRACTITIONER \$ 0 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL 598 5,528 438,763.01 79.37 5.906 733.72 468.76 54 179 198,199.48 1107.26 3670.36 HOSP INPATIENT TOTAL .191 211.75 51 174 1043.45 3560.00 HSC HOSPITALS 181,560.00 .186 193.97 NON-HSC HOSPITAL TOTAL 16,639.48 3327.90 .005 5546.49 17.78 ACCOMMODATIONS 1,760.94 352.19 586.98 1.88 .005 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .000 TRANSITIONAL IP CARE .00 .00 .00 .00 ALL OTHER ACCOM 1,760.94 352.19 .005 586.98 1.88 14,878.54 .000 4959.51 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 240,563.53 584 5,349 44.97 5.715 411.92 257.01 HOSP OUTPATIENT TOTAL 100.83 MEDICAL 101 164 10,184.15 62.10 .175 10.88

SURGERY	48	49		4,081.62		83.30	.052	85.03		4.36
PATHOLOGY	262	917		10,587.27		11.55	.980	40.41		11.31
RADIOLOGY	303	1,335	1	14,713.62		85.93	1.426	378.59		122.56
ROOM USE	335	692		30,038.94		43.41	.739	89.67		32.09
CROSSOVERS/ALL OTH OUTPTNT	248	2,192		70,957.93		32.37	2.342	286.12		75.81
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF	-PAYMENT R	EPORT	FOR JAN 2	003 THRU	DEC 2003	PAG	E 3,147
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	BCCTP-TOT	'AL							

FRESHO COUNTI	SUMMARI OF SER	VICES FOR BCCIP-101	ΑЦ			MO	דיזאר	א מישווא עדעי	CE	
936 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER		COST PER
930 EDIGIBLES	OSEKS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	598	5,528 \$		438,763.01	\$ 79.37	5.906		733.72		468.76
COMM HOSP INPATIENT TOTAL	54	179		198,199.48	1107.26	.191	Ų	3670.36	Ÿ	211.75
HSC HOSPITALS	51	174		181,560.00	1043.45	.186		3560.00		193.97
NON-HSC HOSPITALS TOTAL	3	5		16,639.48	3327.90	.005		5546.49		17.78
ACCOMMODATIONS	3	5		1,760.94	352.19	.005		586.98		1.88
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	3	5		1,760.94	352.19	.005		586.98		1.88
ANCILLARIES	3	0		14,878.54	.00	.000		4959.51		15.90
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	584	5,349		240,563.53	44.97	5.715		411.92		257.01
MEDICAL	101	164		10,184.15	62.10	.175		100.83		10.88
SURGERY	48	49		4,081.62	83.30	.052		85.03		4.36
PATHOLOGY	262	917		10,587.27	11.55	.980		40.41		11.31
RADIOLOGY	303	1,335		114,713.62	85.93	1.426		378.59		122.56
ROOM USE	335	692		30,038.94	43.41	.739		89.67		32.09
CROSSOVERS/ALL OTH OUTPTNT	248	2,192		70,957.93	32.37	2.342		286.12		75.81
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	1	10 \$		2,160.40	\$ 216.04	.011	\$	2160.40	\$	2.31
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	1	10		2,160.40	216.04	.011		2160.40		2.31
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	11	118	\$	2,309.28	\$	19.57	.126	\$	209.93	\$	2.47
HOSPITAL BASED	11	118		2,309.28		19.57	.126		209.93		2.47
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	121	483	\$	6,523.95	\$	13.51	.516	\$	53.92	\$	6.97
PATHOLOGY	121	483		6,523.95		13.51	.516		53.92		6.97
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	138	238	\$	23,404.80	\$	98.34	.254	\$	169.60	\$	25.01
CLINIC	2	2		77.94		38.97	.002		38.97		.08
SURGICENTER	2	11		386.42		35.13	.012		193.21		.41
HEROIN DETOX CLINIC	1	21		195.09		9.29	.022		195.09		.21
RURAL HEALTH CLINIC	133	204		22,745.35		111.50	.218		171.02		24.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 3,148
MOP024	FEE-FOR-SERVICE/DENTAL	I									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FO	R BCCTP-	TOTAI								

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS 936 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @ALL OTHER PROVIDERS 105 8,632 20,521.90 2.38 9.222 \$ 195.45 21.93 63 .067 237.07 DURABLE MED. EOUIP. 11 2,607.72 41.39 2.79 BLOOD BANK 0 .00 .00 .000 .00 .00 .00 .00 HEARING AID DISPENSERS 0 0 .00 .000 .00 MEDICAL TRANSPORTATION 28 809 5,168.48 6.39 .864 184.59 5.52 404 3,837.76 9.50 .432 166.86 AMBULANCES/AIR TRANS 4.10 405 1,330.72 3.29 266.14 OTHER TRANS .433 1.42 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST Ω .00 .00 .000 .00 .00 1,077.59 OPTICIAN 82 13.14 .088 27.63 1.15 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 PORTABLE X-RAY .00 71 .076 PROSTHETIST/ORTHOTISTS 6,116.44 86.15 210.91 6.53 71 PROSTHETICS 6,116.44 86.15 .076 210.91 6.53 0 .00 .00 .000 .00 ORTHOTICS .00 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 0 .00 .00 .000 .00 .00 HOSPICE SERVICES 17 4,070.75 239.46 .018 2035.38 4.35 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 7,590 1,480.92 .20 ALL OTHER PROVIDERS 8.109 164.55 1.58 .004 \$ @CALIF. CHILDREN SERVICES* 3,832.50 \$ 958.13 1916.25 \$ 4.09 \$ @XOVER EXCLUDING STATE HOSP** 10 2,203.47 31.03 .076 \$ 220.35 \$ 2.35

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,149
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

236 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

----- MONTHLY AVERAGE

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	21	76	\$ 3,803.50	\$ 50.05	.322	\$ 181.12	\$ 16.12
@PHYSICIANS SERVICES	9	15	\$ 226.08	\$ 15.07	.064	\$ 25.12	\$.96
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

TNDATTENT HOODITAL CHOCEDY	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0					
PRINCIPAL SURGEON	U	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00			.00	.00
	0	0		.00	.000		
DIALYSIS	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	o o	15	226.08	15.07	.064	25.12	.96
	4						
@PHARMACY	4	26 \$	890.29CR		.110 \$	222.57CR	•
PRESCRIPTION DRUGS	0	14	1,046.76CR	74.77CR	.059	.00	4.44CR
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	14	1,046.76CR	74.77CR	.059	.00	4.44CR
MEDICAL SUPPLIES	4	12	156.47	13.04	.051	39.12	.66
@DENTIST	Ō	0 \$.00	\$.00	.000 \$		\$.00
	0	0		•			
VISITS - DIAGNOSTIC	U	0	.00	.00	.000	.00	.00
ORAL SURGERY	Ü	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0					
PROSTHETICS	Ü	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER SERVICES	O .		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MC	NTH-OF-PAYMENT REI	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 3,150
MOP024	FEE-FOR-SERVICE/I	DENTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	CES FOR QMB - ONLY		AID CODE	80		
		~			MONT	HLY AVERAG	E
236 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
230 2212222	OBLIE	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
ACDITION FIRE TOTAL	0		0.0				
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	Ô	0	.00	.00	.000	.00	.00
	0	0 0					
@PODIATRIST	U	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	n ė	.00	\$.00	.000 \$		\$.00
	0	0 4		•			
NURSE ANESTHESIST		U \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	U Ş	.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	4	8 \$	69.19	\$ 8.65	.034 \$	17.30	\$.29
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	•	0	.00	.00	.000	.00	.00
	0						

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	
ALL OTHER ACCOM	0	0		.00			.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	8	69.19	8.65	.034	17.30	. 29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	Ô	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	4	8	69.19	8.65	.034	17.30	.29
	4						
@COUNTY HOSPITAL TOTAL	0	•	.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	Ü	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Ô	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	Ü	U	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Λ	Λ	.00	.00	.000	.00	.00
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RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 236 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MO/DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 8 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 NTH-OF-PAYMENT RI EXPENDITURES 69.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 EPORT FOR JAN : AID CODE AVERAGE COST PER UNIT/DAY \$ 8.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU DE 80 MON UNITS/DAYS PER ELIG .034 \$.000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 3,151 01/29/04 GE COST PER ELIGIBLE \$.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 FRESNO COUNTY 236 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MO/DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 8 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 NTH-OF-PAYMENT RI EXPENDITURES 69.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 EPORT FOR JAN : AID CODE AVERAGE COST PER UNIT/DAY \$ 8.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU DE 80 MON UNITS/DAYS PER ELIG .034 \$.000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 3,151 01/29/04 GE COST PER ELIGIBLE \$.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

@NURSING FACILITY	5	0 \$	\$ 3,203.	16 \$.00	.000	\$	640.63	Ś	13.57
LEV A-INTERMEDIATE	0	0		00	.00	.000	τ	.00	Υ	.00
LEV B-REHAB MD	0	0		00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		0.0	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	. 1	0.0	.00	.000		.00		.00
LEV B-REGULAR	5	0	3,203.	16	.00	.000		640.63		13.57
@INTERMEDIATE CARE FACILDD	0	0 \$		00 \$.00	.000	\$.00	\$.00
ICF DDH	0	0		00	.00	.000		.00	•	.00
ICF DD	0	0	. 1	0.0	.00	.000		.00		.00
ICF DDN/DDCN	0	0		0.0	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1 \$	\$ 807.	31 \$	807.81	.004	\$	807.81	\$	3.42
HOSPITAL BASED	0	0		0.0	.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1	807.	31	807.81	.004		807.81		3.42
@REHABILITATION FACILITY	0	0 \$	\$	00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		0.0	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		0.0	.00	.000		.00		.00
@LABORATORY FACILITY	0	0 \$	\$	00 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		0.0	.00	.000		.00		.00
XO AND OTHERS	0	0		0.0	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	•	00 \$.00	.000	\$.00	\$.00
CLINIC	0	0		0.0	.00	.000		.00		.00
SURGICENTER	0	0		0.0	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		0.0	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		0.0	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMEN	r repor	T FOR JAN	2003 THRU	DEC	2003	PAG	- /
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FO	R QMB - ONI	LY		AID CODE					
						= -		LY AVERA		
236 ELIGIBLES		OF SERVICE	EXPENDITUR			UNITS/DAY		OST PER		ST PER
	OR DA	YS OF CARE		PE	R UNIT/DAY	PER ELIG		USER	EL	IGIBLE

					MON'	THLY AVERAGE	
236 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	26 \$	387.55	\$ 14.91	.110 \$	55.36 \$	1.64
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	11	116.10	10.55	.047	58.05	.49
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	11	116.10	10.55	.047	58.05	.49
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	15	271.45	18.10	.064	38.78	1.15
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 21 62 \$ 4,850.26 \$ 78.23 .263 \$ 230.96 \$ 20.55

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

FRESNO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,153 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P ----- MONTHLY AVERAGE -----9,542 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER ORAL SURGERY 147 284 11,557.00 40.69 .030 78.62
DRUGS 129 166 3,702.50 22.30 .017 28.70
ANESTHESIA 5 8 500.00 62.50 .001 100.00
PERIODONTICS 0 0 0 .00 .00 .00 .00
ENDODONTICS 212 530 35,577.10 67.13 .056 167.82
RESTORATIVE DENTISTRY 587 2,650 136,706.35 51.59 .278 232.89
PROSTHETICS 5 6 200.00 33.33 .001 40.00
DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00
SPACE MAINTAINERS 25 29 2,949.00 101.69 .003 117.96
MAXILLOFACIAL SERVICES 48 48 48 6,052.29 126.09 .005 126.09
FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00
ORTHODONTIC SERVICES 48 64 .00 .00 .00 .00
ALL OTHER SERVICES 48 64 .00 .00 .00 .00 .05 .00 3.73 14.33 .02 .00 .31 .63 .00 . 00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,154
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

PRESNO COUNTY	DOMINION OF SERV	ATCES LOK	T22.0 EV	JGICAIN	AID (CODES 12 14 ON	OF			
							MO	NTHLY AVERA	GE	
9,542 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	16		43	\$	1,144.85	\$ 26.62	.005	\$ 71.55	\$.12
DIAGNOSTIC AND ANC. PROCED	16		16		759.20	47.45	.002	47.45		.08
EYE APPLIANCES	9		27		385.65	14.28	.003	42.85		.04
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
@PODIATRIST	2		2	\$	85.76	\$ 42.88	.000	\$ 42.88	\$.01
MEDICINE/INJECTIONS	2		2		85.76	42.88	.000	42.88		.01
SURGERY/ANES.	0		0		.00	.00	.000	.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	8	1,665	\$	49,159.89	\$	29.53	.174	\$	6144.99	\$	5.15
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	11	14	Ċ		\$	24.21	.001	\$	30.81	\$.04
@TOTAL HOSPITAL	653	2,061	Ģ	246,452.22	4	119.58		\$	377.42	\$	25.83
	37		Ą		Ą			Ą		Ą	
HOSP INPATIENT TOTAL		103		184,880.00		1794.95	.011		4996.76		19.38
HSC HOSPITALS	37	103		184,880.00		1794.95	.011		4996.76		19.38
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	624										
HOSP OUTPATIENT TOTAL	624	1,958		61,572.22		31.45	.205		98.67		6.45
MEDICAL	122	155		5,349.61		34.51	.016		43.85		.56
SURGERY	96	139		5,334.20		38.38	.015		55.56		.56
PATHOLOGY	151	460		5,430.80		11.81	.048		35.97		.57
RADIOLOGY	114	144		9,584.65		66.56	.015		84.08		1.00
ROOM USE	511	660		27,904.61		42.28	.069		54.61		2.92
CROSSOVERS/ALL OTH OUTPTNT		400		7,968.35		19.92	.042		37.06		.84
@COUNTY HOSPITAL TOTAL	2	4	Ċ	112.36	\$	28.09	.000	Ġ	56.18	\$.01
CO HOSPITAL INPATIENT TOTAL		0	Y	.00	Y	.00	.000	Y	.00	Ų	.00
	0	0							.00		
HSC HOSPITALS	0			.00		.00	.000				.00
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	4		112.36		28.09	.000		56.18		.01
	2	4				22.43					
MEDICAL	2	2		44.86			.000		22.43		.00
SURGERY	U	U		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	2		67.50		33.75	.000		67.50		.01
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RI	EPOR'	r for jan 2	2003 THRU	DEC	2003	PAC	SE 3,155
MOP024	FEE-FOR-SERVICE										01/29/04
FRESNO COUNTY		ICES FOR 133% PR	CRAM	AID (CODE	S 72 74 8N	8P				01, 25, 01
TREBNO COUNTY	BOTHLING OF BLICV	TODO TOR 1990 TR	0010111	7110	СОРЫ	3 72 71 OIN	M	ONT	HIV VILDA	CF	
9,542 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17	ERAGE COST			COST PER		ST PER
9,542 ELIGIBLES	USERS			EAPENDITURES							
		OR DAYS OF CARE	4.			R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	651	2,057	\$	246,339.86	\$	119.76		\$	378.40	\$	25.82
COMM HOSP INPATIENT TOTAL	37	103		184,880.00		1794.95	.011		4996.76		19.38
HSC HOSPITALS	37	103		184,880.00		1794.95	.011		4996.76		19.38
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ō	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	n	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00					.00		
	0					.00	.000				.00
ANCILLARIES	Ü	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	622	1,954		61,459.86		31.45	.205		98.81		6.44
MEDICAL	120	153		5,304.75		34.67	.016		44.21		.56
SURGERY	96	139		5,334.20		38.38	.015		55.56		.56
PATHOLOGY	151	460		5,430.80		11.81	.048		35.97		.57
RADIOLOGY	114	144		9,584.65		66.56	.015		84.08		1.00
ROOM USE	510	658		27,837.11		42.31	.069		54.58		2.92
CROSSOVERS/ALL OTH OUTPTNT	215	400		7,968.35		19.92	.042		37.06		.84
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	т	.00	т.	.00	.000	т.	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ô	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
LEV B-REGULAR	Ô	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
ICF DDH	Ő	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
ICF DD	Ô	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	Ô	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	Ô	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	Ô	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	Ô	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	19	92	\$	2,483.96	\$	27.00	.010	Ś	130.73	Ġ	. 26
HOSPITAL BASED	13	37	Y	1,515.73	Ų	40.97	.004	Ÿ	116.59	Ÿ	.16
INDEPENDENT FACILITY	6	55		968.23		17.60	.004		161.37		.10
@LABORATORY FACILITY	72	147	\$	1,739.78	\$	11.84	.015	¢		Ś	.18
PATHOLOGY	72	147	Y	1,739.78	Ų	11.84	.015	Ÿ	24.16	Ÿ	.18
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,495	3,463	\$	288,202.18	Ġ	83.22	.363	Ġ	115.51	Ġ	30.20
CLINIC CLINIC	19	47	Ą	1,466.24	Ą	31.20	.005	Ą	77.17	Ą	.15
SURGICENTER	19	62		2,168.89		34.98	.005		240.99		.23
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,469	3,354		284,567.05		84.84	.351		115.26		29.82
#CALIF DEPT OF HEALTH SERV			DEC MC	NTH-OF-PAYMENT R	דם חם			חבר		D7	GE 3,156
MOP024	FEE-FOR-SERVICE		KES MC	MIII-OF-PAIMENT K	EFORT	FOR UAIN 2	2003 11110	DEC	2003	FF	01/29/04
FRESNO COUNTY			DOCD X M	M AID	CODEC	72 74 ONT	0 D				01/29/04
FRESHO COUNTI	SUMMART OF SERVI	CES FOR 133% F	ICOGICAI.	I AID	CODES	/2 / 1 ON	M	<u></u>	מדע אזידטא	CF _	
9,542 ELIGIBLES	USERS	UNITS OF SERVIC	다	EXPENDITURES	7/12	RAGE COST			COST PER		OST PER
9, J47 FUIGIBUES	Chico	OR DAYS OF CAR		EVERNOTIONES		UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	632	3,693	ت	25,408.30	\$	6.88	.387		40.20		2.66
CITT OTHER ENOATDERD	0.52	ر ر ن _ا ن	Y	45,400.30	Y	0.00	. 50 /	Y	40.20	Y	4.00

25,408.30 @ALL OTHER PROVIDERS 632 3,693 6.88 .387 \$ 40.20 2.66 DURABLE MED. EQUIP. 5 10 527.97 52.80 .001 105.59 .06 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 0 .000 .00 HEARING AID DISPENSERS 0 .00 .00 MEDICAL TRANSPORTATION 35 405 4,027.92 9.95 .042 115.08 .42 405 4,027.92 9.95 115.08 AMBULANCES/AIR TRANS .042 .42 .00 OTHER TRANS 0 0 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .00 .00 .000 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 0 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 0 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN 60 129 1,125.05 8.72 .014 18.75 .12 .00 .00 .00 .00 PHYSICAL THERAPIST .000 PORTABLE X-RAY 0 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 7 271.28 38.75 .001 67.82 .03 4 7 PROSTHETICS 4 271.28 38.75 .001 67.82 .03 0 .00 ORTHOTICS 0 .00 .000 .00 .00

PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	3	13	1,020.13	78.47	.001		340.04	.11
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	528	3,129	18,435.95	5.89	.328		34.92	1.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	222	2,492	\$ 213,583.48	\$ 85.71	.261	\$	962.09	\$ 22.38
@XOVER EXCLUDING STATE HOSP**	1	7	\$ 1,438.56	\$ 205.51	.001	\$ 1	1438.56	\$.15

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,157

01/29/04

FEE-FOR-SERVICE/DENTAL

FRESNO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

FRESNO COUNTI	SUMMARI OF SERV	VICES FOR 1000 PROGRAM	AID (CODES /A /C OR			
						NTHLY AVERA	
9,281 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6,796	31,505 \$	1,203,725.75	\$ 38.21	3.395		
@PHYSICIANS SERVICES	677	1,947 \$	91,688.13	\$ 47.09	.210		
OUTPATIENT VISITS	488	695	25,124.29	36.15	.075	51.48	2.71
OFFICE VISITS	254	295	10,790.80	36.58	.032	42.48	1.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	137	146	7,698.13	52.73	.016	56.19	.83
PREVENTIVE CARE	3	3	153.51	51.17	.000	51.17	.02
OB VISITS/COMPRE PERI	18	132	1,977.62	14.98	.014	109.87	.21
OTHER OUTPATIENT	95	119	4,504.23	37.85	.013	47.41	.49
INPATIENT VISITS	41	224	15,906.40	71.01	.024	387.96	1.71
HOSPITAL VISITS	38	193	9,475.51	49.10	.021	249.36	1.02
CRITICAL CARE	5	31	6,430.89	207.45	.003	1286.18	.69
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	14	16	852.90	53.31	.002	60.92	.09
EXAMINATIONS	14	16	852.90	53.31	.002	60.92	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	33	206	25,122.59	121.95	.022	761.29	2.71
PRINCIPAL SURGEON	24	48	19,512.22	406.50	.005	813.01	2.10
ASSISTANT SURGEON	4	4	1,070.74	267.69	.000	267.69	.12
ANESTHESIOLOGIST	16	154	4,539.63	29.48	.017	283.73	.49
OUTPATIENT SURGERY	48	69	6,027.95	87.36	.007	125.58	.65
PRINCIPAL SURGEON	47	51	5,492.83	107.70	.005	116.87	.59
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	18	535.12	29.73	.002	107.02	.06
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	53	99	2,043.20	20.64	.011	38.55	.22
RADIOLOGY	132	241	7,779.92	32.28	.026	58.94	.84
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	6	238.31	39.72	.001	47.66	.03
OTHER SERVICES/ALL X-OVERS	114	391	8,592.57	21.98	.042	75.37	.93
@PHARMACY	590	1,415 \$		\$ 50.88	.152		
PRESCRIPTION DRUGS	585	1,286	70,495.20	54.82	.139	120.50	7.60
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	585	1,286	70,495.20	54.82	.139	120.50	7.60
MEDICAL SUPPLIES	23	129	1,500.50	11.63	.014	65.24	.16
@DENTIST	2,119	15,133 \$	350,174.63	\$ 23.14	1.631	\$ 165.25	\$ 37.73
VISITS - DIAGNOSTIC	1,583	11,072	132,461.20	11.96	1.193	83.68	14.27
ORAL SURGERY	328	580	32,123.00	55.38	.062	97.94	3.46
DRUGS	123	153	3,267.00	21.35	.016	26.56	.35
ANESTHESIA	17	17	1,700.00	100.00	.002	100.00	.18
			·				

PERIODONTICS	20	21	1,370.00	65.24	.002	68.50	.15
ENDODONTICS	119	173	22,639.00	130.86	.019	190.24	2.44
RESTORATIVE DENTISTRY	826	2,775	132,016.25	47.57	.299	159.83	14.22
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	80.00	40.00	.000	80.00	.01
SPACE MAINTAINERS	33	42	4,386.00	104.43	.005	132.91	.47
MAXILLOFACIAL SERVICES	9	9	602.18	66.91	.001	66.91	.06
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	191	230	19,230.00	83.61	.025	100.68	2.07
ALL OTHER SERVICES	39	59	300.00	5.08	.006	7.69	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MO	NTH-OF-PAYMENT REPOR	T FOR JAN 20	03 THRU DEC	2003	PAGE 3,158
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR 100% PROGRAM	AID CODE	S 7A 7C 8R 8	T		
				-	MONT	THLY AVERAG	GE

FRESNO COUNTY	SUMMARY OF SERVICES	FOR 100% P	ROGRAM	AID	CODES 7A	7C 8R	8Т				,, -
							M	TNC	HLY AVERA	GE	
9,281 ELIGIBLES	USERS UNIT	S OF SERVIC	!E	EXPENDITURES	AVERAG:	E COST	UNITS/DAY				COST PER
	0.70	DAYS OF CAR	E				PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	74 63	209	\$	4,969.55		3.78	.023		67.16	\$.54
DIAGNOSTIC AND ANC. PROCED	63	63	·	2,894.12		5.94	.007		45.94		.31
EYE APPLIANCES	51	145		2,037.93		4.05	.016		39.96		.22
OTHER OPTOMETRIC SERVICES	1	1		37.50	3	7.50	.000		37.50		.00
@CHIROPRACTOR	14	23	\$	384.56		6.72	.002	\$	27.47	\$.04
VISITS	14	23		384.56	1	6.72	.002		27.47		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	3	\$	170.94	\$ 5	6.98	.000	\$	170.94	\$.02
MEDICINE/INJECTIONS	1	1		26.18	2	6.18	.000		26.18		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	2		144.76	7	2.38	.000		144.76		.02
@HOME HEALTH AGENCY	0	0	\$.00		.00	.000	\$.00		.00
NURSE ANESTHESIST	1	3	\$	51.13	\$ 1	7.04	.000	\$	51.13	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00		.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	6	11	\$	278.21	\$ 2	5.29	.001	\$	46.37	\$.03
@TOTAL HOSPITAL	429	1,995	\$		\$ 23			\$	1073.07	\$	49.60
HOSP INPATIENT TOTAL	45	244		405,544.33	166	2.07	.026		9012.10		43.70
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ACOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	41	233		394,205.10	169		.025		9614.76		42.47
NON-HSC HOSPITAL TOTAL	4	11		11,339.23	103	0.84	.001		2834.81		1.22
ACCOMMODATIONS	4	11		3,452.37	31		.001		863.09		.37
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	11		3,452.37 7,886.86	31	3.85	.001		863.09 1971.72		.37
ANCILLARIES	4	0				.00	.000				.85
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	396	1,751		54,803.17		1.30	.189		138.39		5.90
MEDICAL	.7.7	125		7,885.41		3.08	.013		102.41		.85
SURGERY	60	98		2,784.26		8.41	.011		46.40		.30
PATHOLOGY	145	572		6,098.99		0.66	.062		42.06		.66
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	711	142		13,567.78		5.55	.015		122.23		1.46
ROOM USE	297	406		16,713.17		1.17	.044		56.27		1.80
CROSSOVERS/ALL OTH OUTPINT	145	408		7,753.56		9.00	.044		53.47		.84
@COUNTY HOSPITAL TOTAL	1	1	\$		\$ 119			Ş	1195.00	Ş	.13
CO HOSPITAL INPATIENT TOTAL	1	1		1,195.00		5.00	.000		1195.00		.13 .13
HSC HOSPITALS	1	1		1,195.00	119	5.00	.000		1195.00		.13
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	145 1 1 1 0 0 0 0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000		.00		.00
ANCILLANCES	U	U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MONT	H-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 3,159
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES	FOR 100% PROGRAM	AID CODES	7A 7C 8R	8T		
					MONT	HLY AVERAG	GE
9,281 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE	PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	428	1,994 \$	459,152.50 \$	230.27	.215 \$	1072.79	\$ 49.47

COMM HOSP INPATIENT TOTAL	44	243		404,349.33		1663.99	.026	9189.76		43.57
HSC HOSPITALS	40	232		393,010.10		1694.01	.025	9825.25		42.35
NON-HSC HOSPITALS TOTAL	4	11		11,339.23		1030.84	.001	2834.81		1.22
ACCOMMODATIONS	4	11		3,452.37		313.85	.001	863.09		.37
ADMINITORDATIONS	0	11		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	U	U		.00						
TRANSITIONAL IP CARE	0	0		.00 3,452.37		.00	.000	.00		.00
ALL OTHER ACCOM	4	11		3,452.37		313.85	.001	863.09		.37
ANCILLARIES	4	0		7,886.86		.00	.000	1971.72		.85
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INDATIENT	0	Ô		.00		.00	.000	.00		.00
COMM HOSD OUTDATTENT TOTAL	306	1 751		54,803.17		31.30	.189	138.39		5.90
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	370	1,751		7,885.41		63.08		102.41		.85
MEDICAL	7 7	232 11 11 0 0 11 0 0 0 1,751 125 98		7,885.41			.013			
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL	60			2,784.26		28.41	.011	46.40		.30
PATHOLOGY	145	572		6,098.99		10.66	.062	42.06		.66
RADIOLOGY	111	142		13,567.78		95.55	.015	122.23		1.46
ROOM USE	297	406		16,713.17		41.17	.044	56.27		1.80
CROSSOVERS/ALL OTH OUTPINT	145	408		7,753.56		19.00	.044	53.47		.84
@STATE HOSDITAI.		0	\$.00	\$.00	.000		Ś	.00
MENTALLY TIT	0	0	Y	.00	٧	.00	.000	.00	Y	.00
MENIADDI IDD	0							.00		
DEVELOP. DISABLED	U	0		.00	_	.00	.000	.00		.00
@NURSING FACILITY	Ü	0	\$.00	\$.00	.000		Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SHBACHTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
I EV D SOBNOTETONAT TO CADE	Ů.	0		.00		.00	.000	.00		.00
TEV D DECLITAD	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0	4					.00		
@INTERMEDIATE CARE FACILDD	U	U	\$.00	\$.00	.000		Ş	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	.00	Ś	.00
HOSPITAL BASED	0	0	•	.00		.00	.000	.00		.00
HEMODIALVSIS CENTER	0	0		.00		.00	.000	.00		.00
@DEHADII TTATION FACTI TTV	21	129	\$	3,135.56	\$.014		ċ,	.34
WKENADILITATION FACILITY	2 I	78	Ą	2,329.34	Ą	29.86	.008	137.02	Ą	
HOSPITAL BASED	1/									. 25
INDEPENDENT FACILITY	4	51		806.22		15.81	.005	201.56		.09
@LABORATORY FACILITY	49	161	\$	2,130.66	\$	13.23	.017		\$.23
PATHOLOGY	49	161		2,130.66		13.23	.017	43.48		.23
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDH ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	1,043	1,392	\$	129,342.75	\$	92.92	.150	124.01	Ś	13.94
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	23	67	·	1,579.41	·	23.57	.007	68.67		.17
SURGICENTER	1	7		242.21		34.60	.001	242.21		.03
HEROIN DETOX CLINIC	0	Ó		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1 010			127,521.13		96.75	.142	125.14		13.74
RURAL HEALIH CLINIC	1,019	1,318		12/,521.13					-	
#CALIF DEPT OF HEALTH SERV			RES MC	DN.I.H-OEBAAMEN.I. K	EPOR1	FOR JAN 2	1003 THRU DI	iC 2003	P	
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/29/04
FRESNO COUNTY	SUMMARY OF SERV	JICES FOR 100% PE	ROGRAM	AID AID	CODES					
							MOI	ITHLY AVERA	GE ·	
9,281 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,380	9,084	\$	89,056.43	\$	9.80	.979		\$	9.60
DURABLE MED. EQUIP.	2	5	т.	145.85	7	29.17	.001	72.93	т.	.02
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00				
							.000	.00		.00
MEDICAL TRANSPORTATION	39	1,348		12,396.48		9.20	.145	317.86		1.34
AMBULANCES/AIR TRANS	39	1,347		10,596.48		7.87	.145	271.70		1.14
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	1	1		1,800.00		1800.00	.000	1800.00		.19
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.001	105.00		.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	329	695	7,231.12	10.40	.075	21.98		.78
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	6	13	1,432.10	110.16	.001	238.68		.15
PROSTHETICS	3	10	1,243.52	124.35	.001	414.51		.13
ORTHOTICS	3	3	188.58	62.86	.000	62.86		.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	2,015	7,010	66,485.88	9.48	.755	33.00		7.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	216	1,650	\$ 439,382.07	\$ 266.29	.178	\$ 2034.18	\$ 4	17.34
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

PAGE 3,161 01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL FRESNO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	23,982	104,975 \$	4,504,807.24	\$ 42.91	.000 \$	187.84	\$.00
@PHYSICIANS SERVICES	11,351	47,238 \$	1,859,522.52	\$ 39.36	.000 \$	163.82	\$.00
OUTPATIENT VISITS	8,168	35,368	1,365,260.38	38.60	.000	167.15	.00
OFFICE VISITS	1,231	1,275	18,728.81	14.69	.000	15.21	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7,628	34,092	1,346,521.97	39.50	.000	176.52	.00
OTHER OUTPATIENT	1	1	9.60	9.60	.000	9.60	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	26	3,643.05	140.12	.000	158.39	.00
PRINCIPAL SURGEON	21	21	3,417.51	162.74	.000	162.74	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	5	225.54	45.11	.000	112.77	.00
OUTPATIENT SURGERY	486	906	72,435.06	79.95	.000	149.04	.00
PRINCIPAL SURGEON	389	544	60,482.96	111.18	.000	155.48	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	206	362	11,952.10	33.02	.000	58.02	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5,010	7,387	161,888.64	21.92	.000	32.31	.00
RADIOLOGY	3,122	3,274	238,424.35	72.82	.000	76.37	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	48	121	5,334.45	44.09	.000	111.13	.00
OTHER SERVICES/ALL X-OVERS	62	156	12,536.59	80.36	.000	202.20	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

@PHARMACY	5,399	12,259	\$ 171,975	5.52 \$	14.03	.000 \$	31.85	\$.00	
PRESCRIPTION DRUGS	5,344	11,975	159,454	1.57	13.32	.000	29.84	.00	
SNF/ICF	1	1	g	9.54	9.54	.000	9.54	.00	
OUTPATIENTS	5,344	11,974	159,445	5.03	13.32	.000	29.84	.00	
MEDICAL SUPPLIES	142	284	12,520).95	44.09	.000	88.18	.00	
@DENTIST	0	0	\$.00 \$.00	.000 \$.00	\$.00	
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-OF-PAYME	ENT REPORT	FOR JAN 200	3 THRU DEC	2003	PAGE 3,162	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
FRESNO COUNTY	SUMMARY OF SERVICES FOR	PRESUMPT	IVE ELIGIBILITY-	-PREGNANT	AID CODES 7F	7G			
						MONTHI	TT 37 ATTED AC	170	

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE .00 \$ @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 .00 .00 VISITS 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 .00 \$ 12 301.16 \$ 25.10 .000 75.29 \$.00 NURSE ANESTHESIST NURSE MIDWIFE 8 412.39 \$ 51.55 .000 \$ 103.10 Ś .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$.00 FAMILY NURSE PRACTITIONER 2 5 444.89 \$ 88.98 .000 222.45 \$.00 @TOTAL HOSPITAL 3,945 11,290 464,783.15 41.17 .000 117.82 .00 HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 .000 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .000 ANCILLARIES .00 .00 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 464,783.15 HOSP OUTPATIENT TOTAL 3,945 11,290 41.17 .000 117.82 .00 67.01 335.07 .000 67.01 .00 MEDICAL SURGERY 116 150 5,915.43 39.44 .000 51.00 .00 2,709 4,399 163,364.27 37.14 60.30 .00 PATHOLOGY .000 RADIOLOGY 395 403 30,986.53 76.89 .000 78.45 .00 ROOM USE 1,338 2,010 69,122.42 34.39 .000 51.66 .00

CROSSOVERS/ALL OTH OUTPTNT	1,022	4,323		195,059.43		45.12	.000		190.86		.00
@COUNTY HOSPITAL TOTAL	4	7	\$	162.46	\$	23.21	.000	\$	40.62	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	7		162.46		23.21	.000		40.62		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	4		25.48		6.37	.000		8.49		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		66.98		33.49	.000		33.49		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		70.00		70.00	.000		70.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	ES MOI	NTH-OF-PAYMENT REI	PORT	FOR JAN	2003 THRU	DEC	2003	PAGE	3,163
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	PRESUMP	TIVE 1	ELIGIBILITY-PREGNA	NT .	AID CODES	7F 7G				

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER ELIGIBLE PER UNIT/DAY PER ELIG 3,942 @COMMUNITY HOSPITAL TOTAL 11,283 464,620.69 41.18 .000 \$ 117.86 \$.00 .000 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .000 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 3,942 11,283 464,620.69 .000 COMM HOSP OUTPATIENT TOTAL 41.18 117.86 .00 MEDICAL 5 335.07 67.01 .000 67.01 .00 SURGERY 116 150 5,915.43 39.44 .000 51.00 .00 2,706 4,395 163,338.79 37.16 .000 60.36 PATHOLOGY .00 RADIOLOGY 395 403 30,986.53 76.89 .000 78.45 .00 2,008 ROOM USE 1,336 69,055.44 34.39 .000 51.69 .00 CROSSOVERS/ALL OTH OUTPTNT 1,021 4,322 194,989.43 45.12 .000 190.98 .00 @STATE HOSPITAL .00 \$.00 .000 \$.00 .00 0 .000 MENTALLY ILL 0 .00 .00 .00 .00 .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 0 .00 .00 .00 .00 LEV B-REHAB MD .000 0 .00 .000 LEV B-SUBACUTE FREESTANDING .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .00 .000 .00 LEV B-REGULAR 0 .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 .00 ICF DDH .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ICF DD ICF DDN/DDCN 0 .00 .00 .000 .00 .00 0 .00 @HEMODIALYSIS TOTAL .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL BASED HEMODIALYSIS CENTER .00 .00 .000 .00 .00

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6,526	16,815	\$	396,213.31	\$	23.56	.000	\$	60.71	\$.00
PATHOLOGY	6,526	16,815		396,213.31		23.56	.000		60.71		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6,410	16,373	\$	1,509,686.80	\$	92.21	.000	\$	235.52	\$.00
CLINIC	1,001	4,429		177,181.60		40.00	.000		177.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5,431	11,944		1,332,505.20		111.56	.000		245.35		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES	MONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC	2003	PAGE	3,164
MOP024	FEE-FOR-SERVICE	/DENTAL								0	1/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR PRESU	MPTIV	E ELIGIBILITY-PRE	GNANT	AID CODES	S 7F 7G				
							N	TION	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	r units/day	YS	COST PER	COS	T PER

	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	971	975 \$	101,467.50	\$ 104.07	.000 \$	104.50	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	971	975	101,467.50	104.07	.000	104.50	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,165 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 FRESNO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 897 \$ 17,925.03 \$ 19.98 2.884 \$ 206.03 \$ 57.64 311 ELIGIBLES USERS @TOTAL, ALL PROVIDERS 87

@IOIAL, ALL FROVIDERS	07	0.71	Y	11,723.03	7 17.70	2.004	φ <u>2</u> 00.03	γ J1.04
@PHYSICIANS SERVICES	1	1	\$	14.48	\$ 14.48	.003	\$ 14.48	\$.05
OUTPATIENT VISITS	1	1		14.48	14.48	.003	14.48	.05
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		14.48	14.48	.003	14.48	.05
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
		0					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	0	_					
OTHER SERVICES/ALL X-OVERS		_ 0	.00	.00	.000	.00	.00
@PHARMACY	18	53 \$	4,972.44	\$ 93.82	.170 \$		\$ 15.99
PRESCRIPTION DRUGS	17	52	4,964.91	95.48	.167	292.05	15.96
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	17	52	4,964.91	95.48	.167	292.05	15.96
MEDICAL SUPPLIES	1	1	7.53	7.53	.003	7.53	.02
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	0					
ORAL SURGERY	-	U	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	Ô	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	Ü	U	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
•	0	0					
SPACE MAINTAINERS	Ü	U	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	Ô	.00	.00	.000	.00	.00
	0	0					.00
ALL OTHER SERVICES	0	U	.00	.00	.000	.00	. 00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES N	IONTH-OF-PAYMENT RI	EPORT FOR JAN			PAGE 3,166
			MONTH-OF-PAYMENT RI	EPORT FOR JAN			PAGE 3,166
MOP024	FEE-FOR-SERVICE	/DENTAL			2003 THRU DEC		
	FEE-FOR-SERVICE				2003 THRU DEC 7H	2 2003	PAGE 3,166 01/29/04
MOP024 FRESNO COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR MEDI-CAL TU	UBERCULOSIS PROGRAI	M AID CODE	2003 THRU DEC 7H MONT	C 2003 CHLY AVERAG	PAGE 3,166 01/29/04 GE
MOP024	FEE-FOR-SERVICE	/DENTAL			2003 THRU DEC 7H MONT	C 2003 CHLY AVERAG	PAGE 3,166 01/29/04
MOP024 FRESNO COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR MEDI-CAL TU	UBERCULOSIS PROGRAI	M AID CODE	2003 THRU DEC 7H MONT UNITS/DAYS	C 2003 CHLY AVERAG	PAGE 3,166 01/29/04 GE
MOP024 FRESNO COUNTY 311 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	DENTAL ICES FOR MEDI-CAL TO UNITS OF SERVICE OR DAYS OF CARE	BERCULOSIS PROGRAI	AID CODE AVERAGE COST PER UNIT/DAY	2003 THRU DEC 7H MONT UNITS/DAYS PER ELIG	C 2003 CHLY AVERAGE COST PER USER	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE
MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	DENTAL ICES FOR MEDI-CAL TO UNITS OF SERVICE OR DAYS OF CARE 0 \$	UBERCULOSIS PROGRAI EXPENDITURES .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$	C 2003 CHLY AVERAGE COST PER USER .00	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00
MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	DENTAL ICES FOR MEDI-CAL TO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	UBERCULOSIS PROGRAI EXPENDITURES .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000	CHLY AVERAGE OST PER USER .00 .00	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00
MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	DENTAL ICES FOR MEDI-CAL TO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	UBERCULOSIS PROGRAI EXPENDITURES .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$	CHLY AVERAGE OF PER USER .00 .00 .00	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00
MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	DENTAL ICES FOR MEDI-CAL TO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	UBERCULOSIS PROGRAI EXPENDITURES .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000	CHLY AVERAGE OF PER USER .00 .00 .00	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00
MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR MEDI-CAL TO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	UBERCULOSIS PROGRAI EXPENDITURES .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000	CHLY AVERAGE OF PER USER .00 .00 .00 .00 .00	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
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MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR MEDI-CAL TO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	C 2003 CHLY AVERAGE COST PER USER .00 .00 .00 .00 .00	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR MEDI-CAL TO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	C 2003 CHLY AVERAGE COST PER USER .00 .00 .00 .00	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR MEDI-CAL TO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	C 2003 CHLY AVERAGE COST PER USER .00 .00 .00 .00 .00	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
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MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR MEDI-CAL TO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	CHLY AVERAGE USER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00
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MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MEDI-CAL TO	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	CHLY AVERAGE USER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
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MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MEDI-CAL TO	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	CHLY AVERAGE USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MEDI-CAL TO	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	CHLY AVERAGE OF PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MEDI-CAL TO	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 .00 \$.00 .00 .00 .00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2003 CHLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MEDI-CAL TO	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2003 CHLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
MOP024 FRESNO COUNTY 311 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MEDI-CAL TO	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 .00 \$.00 .00 .00 .00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2003 CHLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PAGE 3,166 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00

ALL OTHER ACCOM	0		0		.00		.00		.000		.00		.00	
ANCILLARIES	0		0		.00		.00		.000		.00		.00	
INPATIENT CROSSOVERS	0		0		.00		.00		.000		.00		.00	
ALL OTHER INPATIENT	0		0		.00		.00		.000		.00		.00	
HOSP OUTPATIENT TOTAL	6		33		2,763.82		83.75		.106		460.64		8.89	
MEDICAL	1		0		.00		.00		.000		.00		.00	
SURGERY	0		0		.00		.00		.000		.00		.00	
PATHOLOGY	2		4		32.97		8.24		.013		16.49		.11	
RADIOLOGY	$\overline{1}$		1		24.55		24.55		.003		24.55		.08	
ROOM USE	5		_ 5		188.22		37.64		.016		37.64		.61	
CROSSOVERS/ALL OTH OUTPTNT	3		23		2,518.08		109.48		.074		839.36		8.10	
@COUNTY HOSPITAL TOTAL	0			5	.00	\$.00			Ś	.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0		0	r	.00	т.	.00		.000	т	.00	7	.00	
HSC HOSPITALS	0		0		.00		.00		.000		.00		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00		.000		.00		.00	
ACCOMMODATIONS	0		0		.00		.00		.000		.00		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00		.000		.00		.00	
TRANSITIONAL IP CARE	0		0		.00		.00		.000		.00		.00	
ALL OTHER ACCOM	0		0		.00		.00		.000		.00		.00	
ANCILLARIES	0		0		.00		.00		.000		.00		.00	
INPATIENT CROSSOVERS	0		0		.00		.00		.000		.00		.00	
ALL OTHER INPATIENT	0		0		.00		.00		.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00		.000		.00		.00	
MEDICAL	0		0		.00		.00		.000		.00		.00	
SURGERY	0		0		.00		.00		.000		.00		.00	
PATHOLOGY	0		0		.00		.00		.000		.00		.00	
RADIOLOGY	0		0		.00		.00		.000		.00		.00	
ROOM USE	0		0		.00		.00		.000		.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00		.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXE	PENDITURES	S MONT	TH-OF-PAYMENT RE	PORT	FOR JAN	2003 '	THRU I	ЭEC	2003	PAGE	3,167	
MOP024	FEE-FOR-SERVICE/D	ENTAL										0	1/29/04	
FRESNO COUNTY	SUMMARY OF SERVIC	ES FOR	MEDI-CAL	TUBER	RCULOSIS PROGRAM		AID CODE	7H						
									MC	ITNC	HLY AVERA	GE		
311 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	AVER	AGE COST	UNIT	S/DAYS	3 (COST PER	COS'	Γ PER	
		OR DAYS	OF CARE			PER	UNIT/DAY	PER	ELIG		USER	ELI	GIBLE	
@COMMINITY HOSPITAL TOTAL	6		33 9	4	2 763 82	Ś	83 75		106	Ś	460 64	Ś	8 89	

	MONIHLY AVER						
311 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	33 \$	2,763.82	\$ 83.75	.106 \$	460.64	\$ 8.89
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	33	2,763.82	83.75	.106	460.64	8.89
MEDICAL	1	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	32.97	8.24	.013	16.49	.11
RADIOLOGY	1	1	24.55	24.55	.003	24.55	.08
ROOM USE	5	5	188.22	37.64	.016	37.64	.61
CROSSOVERS/ALL OTH OUTPINT	3	23	2,518.08	109.48	.074	839.36	8.10
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00 \$	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	29	304	\$	1,128.44	\$ 3.71	.977	\$	38.91	\$	3.63
PATHOLOGY	29	304		1,128.44	3.71	.977		38.91		3.63
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	58	506	\$	9,045.85	\$ 17.88	1.627	\$	155.96	\$	29.09
CLINIC	58	506		9,045.85	17.88	1.627		155.96		29.09
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES I	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2003 THRU	DEC	2003	P.	AGE 3,168
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	R MEDI-C	AL T	UBERCULOSIS PROGRAM	AID COD	E 7H				
						M	ONT	HLY AVERA	GE .	

					MON	THLY AVERAGE	
311 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	1	3 \$	3.54	\$ 1.18	.010 \$	3.54 \$.01

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,169
MOP024 FEE-FOR-SERVICE/DENTAL
FRESNO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

11120110 0001111	001111111111111111111111111111111111111	, <u> </u>	 	00220 /11 /2 /10				
					MON	THLY AVERA	GE	
2,776 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,869	20,111	\$ 1,409,939.49	\$ 70.11	7.245	491.44	\$	507.90
@PHYSICIANS SERVICES	1,967	11,232	\$ 472,915.76	\$ 42.10	4.046	240.42	\$	170.36
OUTPATIENT VISITS	1,137	6,824	138,917.70	20.36	2.458	122.18		50.04
OFFICE VISITS	134	154	6,289.07	40.84	.055	46.93		2.27
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	62	69	4,231.95	61.33	.025	68.26		1.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	1,019	6,580	127,781.42	19.42	2.370	125.40		46.03
OTHER OUTPATIENT	17	21	615.26	29.30	.008	36.19		.22
INPATIENT VISITS	200	379	16,626.46	43.87	.137	83.13		5.99

HOSPITAL VISITS	200	379		16,626.46		43.87	.13		83.13		5.99
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000)	.00		.00
INPATIENT HOSPITAL SURGERY	292	631		163,803.61	2	59.59	.22	7	560.97		59.01
PRINCIPAL SURGEON	207	208		144,925.65	6	96.76	.07!	5	700.12		52.21
ASSISTANT SURGEON	31	31		5,634.46	1	81.76	.01	L	181.76		2.03
ANESTHESIOLOGIST	89	392		13,243.50		33.78	.143	L	148.80		4.77
OUTPATIENT SURGERY	344	642		61,269.09		95.43	. 23	L	178.11		22.07
PRINCIPAL SURGEON	304	441		55,263.15	1	25.31	.159)	181.79		19.91
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	187	201		6,005.94		29.88	.07		32.12		2.16
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	559	1,504		28,266.32		18.79	.542		50.57		10.18
RADIOLOGY	567	618		40,740.07		65.92	.22		71.85		14.68
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	230	358		8,423.47		23.53	.129		36.62		3.03
OTHER SERVICES/ALL X-OVERS	131	276		14,869.04		53.87	.099		113.50		5.36
@PHARMACY	813	1,828	\$	48,208.06		26.37		\$	59.30	Ś	17.37
PRESCRIPTION DRUGS	798	1,781	τ	47,022.96		26.40	.642		58.93	Ψ.	16.94
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	798	1.781		47,022.96		26.40	.642		58.93		16.94
MEDICAL SUPPLIES	28	47		1,185.10		25.21	.01		42.33		.43
@DENTIST	1	1	\$	20.00		20.00) \$	20.00	Ś	.01
VISITS - DIAGNOSTIC	1	1	τ	20.00		20.00	.000		20.00	Ψ.	.01
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	Û	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	ZXDENDTTI	TRES M		EPORT F					p:	AGE 3,170
MOP024	FEE-FOR-SERVICE/DENTAL		JICHO I	OTTE OF THE PERIOD RE	LI OICI I'	O10 01111 Z	.000 11110	, ,,,,,,	2005		01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	D MINOD	CONGE	איי אוד אוד מחדק אוד מי	יר פיתחרי	w 7p 7p	7N				01/20/01
LIGHTIO COUNTI	DOLUMENT OF SEVATORS LO	YOUTH /	COMPE	THI WID CODES WID C	וו טמעטי	·1 /F /K	/ TA				

2,776 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 EYE APPLIANCES 0 0 .000 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 .00 \$.000 \$ @CHIROPRACTOR .00 .00 \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 .000 MEDICINE/INJECTIONS .00 .00 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 OTHER 0 .00 .000 @HOME HEALTH AGENCY 10 25 1,692.58 67.70 .009 \$ 169.26 \$.61

150

18

NURSE ANESTHESIST

\$

19.52

.054 \$

2,927.43

----- MONTHLY AVERAGE -----

162.64 \$

1.05

NURSE MIDWIFE	3	6	\$	220.20	\$	36.70	.002	\$ 73.40	
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000	\$.00	
@TOTAL HOSPITAL	825	3.624	Ė	745.172.22	Ė	205.62	1.305	\$ 903.24	
HOSD INDATIENT TOTAL	246	609	τ	672 381 62	Ψ.	1104 07	219	2733.26	242.21
UCC UCCDITALC	206	478		520 417 58		1001.07	172	2526.30	187.47
NON HEG HOCDITAL TOTAL	200 41	170		151 064 04		1160 02	047	3706.44	54.74
NON-HSC HOSPITAL TOTAL	41	131		151,964.04		1100.03	.047	1261.93	18.18
ACCOMMODATIONS	40	131		50,477.03		385.34	.04/	1201.93	
ADMINISTRATIVE DAYS	Ţ	3		693.90		231.30	.001	693.90	. 25
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 1276.49	.00
ALL OTHER ACCOM	39	128		49,783.13		388.93	.046	1276.49	17.93
ANCILLARIES	41	0		101,487.01		.00	.000	2475.29	36.56
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	713	3,015		72,790.60		24.14	1.086	102.09 71.43	26.22
MEDICAL	48	68		3,428.50		50.42	.024	71.43	1.24
SURGERY	56	81		3,015.22		37.22	.029	53.84	1.09
PATHOLOGY	349	998		13,754.19		13.78	.360	39.41	4.95
RADIOLOGY	78	79		5.558.12		70.36	.028	71.26	2.00
ROOM USE	357	642		27.025.11		42.10	. 231	75.70	9.74
CROSSOVERS/ALL OTH OUTPTNT	380	1 147		20 009 46		17 45	413	52.66	7.21
@COUNTY HOSPITAL TOTAL	3	18	Ś	512 47	Ś	28 47	006	\$ 170.82	
CO HOGDITAL INDATIFAT TOTAL	. 0	0	٧	00	۲	00	000	00	.00
UCC UCCDITAL INFALLENT TOTAL	0	0		.00		.00	000	.00	.00
NON HER HORDITALS TOTAL	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	18		512.47		28.47	.006	170.82	.18
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	2	2		59.22		29.61	.001	29.61	.02
PATHOLOGY	1	6		128.74		21.46	.002	128.74	.05
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	2	4		259.30		64.83	.001	129.65	.09
CROSSOVERS/ALL OTH OUTPINT	2	6		65.21		10.87	.002	\$ 170.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU D	EC 2003	
MOD024	FEE-FOR-SERVICE	/DENTAL							01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR MINOR O	ONSE	NT AID CODES AID	CODE	S 7M 7P 7R	7N		01/25/01
TREBNO COUNTY	Bornanci Oi Blice	TODO FOR HIMOR C	.01101	111 1110 00010 1110	CODE	0 /11 /1 /10		NTHLY AVERA	GF
2,776 ELIGIBLES	IISERS	UNITS OF SERVICE	2	EXPENDITURES	Δ77	ERAGE COST	IDITES (D. 110	GOGE DED	GOGE DED
Z, TTO EDIGIDLES	OBERD	OR DAVE OF CARE	,	EXPENDITORES	DF	D IMITT/DAV	DED ELIC	IIQFP	ELIGIBLE
@COMMINITY HOSDITAL TOTAL	922	3 EUE	, ç.	744 650 75	ć.	206 51	1 200	\$ 904.81	¢ 268 22
COMM HOCD INDALLENG GODAL	045	3,000	Ą	670 201 60	Ą	1104 07	1.499 210	7777 76	y 400.45
COMM HOSE INFAITENT TOTAL	2 4 0	470		0/2,301.02 520 417 F0		1104.07	.∠⊥9 170	4/33.40 2526 20	∠4∠.∠⊥ 107 /7
NON HEE HOEDTENIE BOTT	∠∪b	4/8		520,417.58		1160 02	. 1 / 2	∠5∠0.3U	18/.4/
NON-HSC HOSPITALS TOTAL	41	131		151,964.04		1100.03	.04/	3/06.44	242.21 187.47 54.74 18.18
ACCOMMODATIONS	40	131		50,477.03		385.32	.047	1261.93	18.18
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.001	693.90	. 25
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL

39

41

0

0

711

48

54

348

128

2,997

0

0

0

68

79

992

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

.00

49,783.13

101,487.01

.00

72,278.13

3,428.50

2,956.00

13,625.45

388.93

.00

.00

24.12

50.42

37.42

13.74

.00

.00

.00

1276.49

2475.29

101.66

71.43

54.74

39.15

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.024

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1.080

.00

.00

17.93

36.56

26.04

1.24

1.06

4.91

RADIOLOGY 78 79 5,558.12 70.36 .028 71.26 2.00 ROOM USE 356 638 26,765.81 41.95 .230 75.18 9.64 CROSSOVERS/ALL OTH OUTPINT 378 1,141 19,944.25 17.48 4.11 52.76 7.18 SSTATE HOSPITAL 0 0 0 \$.00 .00 .00 .00 \$.00 \$.00 MENTALLY ILL 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .												
CROSSOVERS/ALL OTH OUTPTNT												
### HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												
MENTALLY LIL			•		•						4.	
DEVELOP. DISABLED		0	-	\$		\$			\$		\$	
### STATISTIC PACTILITY		0										
LEV A-INTERMEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
LEV B-REHAB MD LEV B-SUBACUTE FRESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	\$		\$			\$		\$	
LEV B-SUBACUTE FREESTANDING 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .	LEV A-INTERMEDIATE	0	0				.00					
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	LEV B-REHAB MD	0	0				.00					
LEV B-REGULAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		
## STATE STA	LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
## STATEMENDIATE CARE FACILDD O	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ICF DDH	LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
ICF DD	@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
CF DDN/DDCN	ICF DDH	0	0		.00		.00	.000		.00		.00
### HEMODIALYSIS TOTAL 0 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$	ICF DD	0	0		.00		.00	.000		.00		.00
### HEMODIALYSIS TOTAL 0 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$	ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$	
## REHABILITATION FACILITY 1 2 \$ 80.97 \$ 40.49 .001 \$ 80.97 \$.03 HOSPITAL BASED 1 2 80.97 40.49 .001 80.97 .03 INDEPENDENT FACILITY 0 0 0 .00 .00 .000 .000 ## PATHOLOGY FACILITY 397 1,171 \$ 16,951.98 \$ 14.48 .422 \$ 42.70 \$ 6.11 ## PATHOLOGY 397 1,171 16,951.98 \$ 14.48 .422 \$ 42.70 \$ 6.11 ## XO AND OTHERS 0 0 0 .00 .00 .000 .000 .000 .00 ## WORGANIZED OUTPATIENT CLINIC 407 1,603 \$ 95,123.36 \$ 59.34 .577 \$ 233.72 \$ 34.27 ## CLINIC 171 1,005 29,760.56 29.61 .362 174.04 10.72 ## SURGICENTER 0 0 0 0 .00 .00 .00 .00 .00 ## REGION DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 ## REGION DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 ## RURAL HEALTH CLINIC 240 598 65,362.80 109.30 .215 272.35 23.55 ## CALIF DEPT OF HEALTH SERV MEDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,172 ## MOPO 24 FEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,172 ## AUTHOR DETOX CLINIC	HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00	·	.00
## REHABILITATION FACILITY 1 2 \$ 80.97 \$ 40.49 .001 \$ 80.97 \$.03 HOSPITAL BASED 1 2 80.97 40.49 .001 80.97 .03 INDEPENDENT FACILITY 0 0 0 .00 .00 .000 .000 ## PATHOLOGY FACILITY 397 1,171 \$ 16,951.98 \$ 14.48 .422 \$ 42.70 \$ 6.11 ## PATHOLOGY 397 1,171 16,951.98 \$ 14.48 .422 \$ 42.70 \$ 6.11 ## XO AND OTHERS 0 0 0 .00 .00 .000 .000 .000 .00 ## WORGANIZED OUTPATIENT CLINIC 407 1,603 \$ 95,123.36 \$ 59.34 .577 \$ 233.72 \$ 34.27 ## CLINIC 171 1,005 29,760.56 29.61 .362 174.04 10.72 ## SURGICENTER 0 0 0 0 .00 .00 .00 .00 .00 ## REGION DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 ## REGION DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 ## RURAL HEALTH CLINIC 240 598 65,362.80 109.30 .215 272.35 23.55 ## CALIF DEPT OF HEALTH SERV MEDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,172 ## MOPO 24 FEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,172 ## AUTHOR DETOX CLINIC	HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED 1 2 80.97 40.49 .001 80.97 .03 INDEPENDENT FACILITY 0 0 0 .00 .00 .000 .000 .000 .000 @LABORATORY FACILITY 397 1,171 16,951.98 14.48 .422 \$42.70 \$6.11 PATHOLOGY 397 1,171 16,951.98 14.48 .422 \$42.70 6.11 XO AND OTHERS 0 0 0 .00 .00 .000 .000 .000 @ORGANIZED OUTPATIENT CLINIC 407 1,603 \$ 95,123.36 \$59.34 .577 \$233.72 \$34.27 CLINIC 171 1,005 29,760.56 29.61 .362 174.04 10.72 SURGICENTER 0 0 0 .00 .00 .00 .00 .00 HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 RURAL HEALTH CLINIC 240 598 65,362.80 109.30 .215 272.35 23.55 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,172 MOPO24 FEE-FOR-SERVICE/DENTAL FRESNO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N MONTHLY AVERAGE	@REHABILITATION FACILITY	1	2	\$		\$	40.49	.001	\$	80.97	\$.03
INDEPENDENT FACILITY	HOSPITAL BASED	1	2						•		•	
## COST PER ## DATHOLOGY	INDEPENDENT FACILITY	0			.00							
PATHOLOGY 397 1,171 16,951.98 14.48 .422 42.70 6.11 XO AND OTHERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		397	1,171	\$		\$			\$		\$	
XO AND OTHERS 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td><td></td><td>•</td><td></td></th<>									•		•	
@ORGANIZED OUTPATIENT CLINIC 407 1,603 \$ 95,123.36 \$ 59.34 .577 \$ 233.72 \$ 34.27 CLINIC 171 1,005 29,760.56 29.61 .362 174.04 10.72 SURGICENTER 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00												
CLINIC 171 1,005 29,760.56 29.61 .362 174.04 10.72 SURGICENTER 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		407		\$		\$			\$ 2		Ś	
SURGICENTER 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00				т		4					т	
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00			•									
RURAL HEALTH CLINIC 240 598 65,362.80 109.30 .215 272.35 23.55 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,172 MOP024 FRESNO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 2,776 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER			0									
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,172 MOP024 FEE-FOR-SERVICE/DENTAL FRESNO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N MONTHLY AVERAGE 2,776 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER		240	598									
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 FRESNO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N MONTHLY AVERAGE 2,776 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER				RES MOI	•	EPORT					ΡZ	
FRESNO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N MONTHLY AVERAGE 2,776 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER					01 1111111111111111111111111111111	01:1	1011 01111 1			, , ,		
MONTHLY AVERAGE 2,776 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER				CONSEN	r ATD CODES ATD	CODES	7M 7P 7R	7N				01/25/01
2,776 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	111201.0 0001111		2 020 1121,010				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		итнтл	Y AVERA	GE -	
	2.776 ELIGIBLES	USERS UNIT	TS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	-			_	COST PER
								PER ELIG		-		

					MON	THLY AVERAG	E
2,776 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	232	469 \$	26,626.93	\$ 56.77	.169 \$	114.77	\$ 9.59
DURABLE MED. EQUIP.	19	19	1,351.86	71.15	.007	71.15	.49
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	167	1,921.48	11.51	.060	128.10	.69
AMBULANCES/AIR TRANS	15	167	1,921.48	11.51	.060	128.10	.69
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	141	142	14,679.50	103.38	.051	104.11	5.29
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	7	246.31	35.19	.003	246.31	.09
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	74	134	8,427.78	62.89	.048	113.89	3.04
PROSTHETICS	19	68	2,498.24	36.74	.024	131.49	.90
ORTHOTICS	66	66	5,929.54	89.84	.024	89.84	2.14
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	61	\$ 10,967.03	\$ 179.79	.022	\$ 1370.88	\$ 3.95
@XOVER EXCLUDING STATE HOSP**	1	4	\$ 343.43	\$ 85.86	.001	\$ 343.43	\$.12

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,173 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVIC	E/DENTAL						01/29/04
FRESNO COUNTY	SUMMARY OF SERV	VICES FOR EDWARDS	CASES	IN PA-FAMILIES	AID CODE	38		
							NTHLY AVERA	
8,129 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21,998 1,616	110,185	\$	3,784,757.74	\$ 34.35	13.555	\$ 172.05	\$ 465.59
@PHYSICIANS SERVICES	1,616	4,305	\$	211,451.18	\$ 49.12	.530	\$ 130.85	\$ 26.01
OUTPATIENT VISITS	1,125	1,716	•	61,325.76	35.74	.211	54.51	7.54
OFFICE VISITS	1,616 1,125 628 1 275	753		24,526.12	32.57	.093	39.05	3.02
HOME VISITS	1	1		25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	275	298		15,973.09	53.60	.037	58.08	1.96
PREVENTIVE CARE	7	7		285.18	40.74	.001	40.74	.04
OB VISITS/COMPRE PERI	126	498		14,478.53	29.07	.061	114.91	1.78
OTHER OUTPATIENT	145	159		6,037.64	37.97	.020	41.64	.74
INPATIENT VISITS	94	419		33,847.40	80.78	.052	360.08	4.16
HOSPITAL VISITS	75	260		15 000 70	FO 01	.032	201.10	1.86
CRITICAL CARE	16	134		17,854.58	133.24	.016	1115.91	2.20
SNF/ICF/TRANS IP CARE	7	25		910.10	36.40	.003	130.01	.11
OPHTHALMOLOGICAL SERVICES	28	40		2,037.96	50.95	.005	72.78	.25
EXAMINATIONS		40		2,037.96	50.95	.005	72.78	.25
SERVICES AND MATERIALS	28 0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	70	341		46,314.24	135.82	.042	593.77	5.70
	78 53	68		37,821.15	556.19	.008	713.61	4.65
PRINCIPAL SURGEON ASSISTANT SURGEON	4	2		637.48	318.74	.000	159.37	.08
	31	271		7,855.61	28.99	.033	253.41	.06
ANESTHESIOLOGIST		312		7,855.61	95.24			
OUTPATIENT SURGERY	140 109	132		29,716.36		.038	212.26	3.66
PRINCIPAL SURGEON	109	132		24,346.17	184.44	.016	223.36	2.99
ASSISTANT SURGEON	•	_		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	48	180		5,370.19	29.83	.022	111.88	.66
DIALYSIS	1	2		201.62	100.81	.000	201.62	.02
PATHOLOGY	230	514		6,916.60	13.46	.063	30.07	.85
RADIOLOGY	274	381		13,919.49	36.53	.047	50.80	1.71
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	45	66		3,411.88	51.70	.008	75.82	.42
OTHER SERVICES/ALL X-OVERS	198	514		13,759.87	26.77	.063	69.49	1.69
@PHARMACY	1,949	13,674	\$	231,645.17	\$ 16.94	1.682		28.50
PRESCRIPTION DRUGS	1,923	4,247		223,604.30	52.65	.522	116.28	27.51
SNF/ICF	12	43		5,328.98	123.93	.005	444.08	.66
OUTPATIENTS	1,923 12 1,914 84 6,750 4,841	4,204		218,275.32	51.92	.517	114.04	26.85
MEDICAL SUPPLIES	84	9,427		8,040.87	.85	1.160	95.72	.99
@DENTIST	6,750	42,276	\$	1,305,298.51	\$ 30.88	5.201		160.57
VISITS - DIAGNOSTIC	4,841	28,028		329,363.60	11.75	3.448	68.04	40.52
ORAL SURGERY	1,017	2,037		137,578.25	67.54	.251	135.28	16.92
DRUGS	260	405		8,128.75	20.07	.050	31.26	1.00
ANESTHESIA	99	100		9,700.00	97.00	.012	97.98	1.19
PERIODONTICS	364	379		45,167.25	119.17	.047	124.09	5.56
ENDODONTICS	619	1,119		146,422.35	130.85	.138	236.55	18.01
RESTORATIVE DENTISTRY	2,661	9,259		553,022.45	59.73	1.139	207.83	68.03
PROSTHETICS	23	24		570.00	23.75	.003	24.78	.07
	_3							

DENTURES, STAYPLATES	78		291		25,581.00		87.91		.036		327.96		3.15
SPACE MAINTAINERS	53		67		6,431.00		95.99		.008		121.34		.79
MAXILLOFACIAL SERVICES	48		49		4,487.37		91.58		.006		93.49		.55
FRACTURES, DISLOCATIONS	2		3		1,550.00		516.67		.000		775.00		.19
ORTHODONTIC SERVICES	358		423		36,846.49		87.11		.052		102.92		4.53
ALL OTHER SERVICES	73		92		450.00		4.89		.011		6.16		.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	ENDITURE	S MON	TH-OF-PAYMENT	REPORT	FOR JAN	2003 7	THRU DI	EC 20	003	PA	GE 3,174
MOP024	FEE-FOR-SERVICE/DE	ENTAL											01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	ES FOR	EDWARDS	CASES	IN PA-FAMILIE	S	AID CODE	38					
									MOI	NTHL	Y AVERA	GE -	
8,129 ELIGIBLES	USERS UI	NITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS	S/DAYS	COS	ST PER	C	OST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER	ELIG	Ţ	JSER	E	LIGIBLE
@OPTOMETRIST	60		156	\$	3,769.35	\$	24.16		.019	\$	62.82	\$.46
DIAGNOSTIC AND ANC. PROCED	48		48		2,240.88		46.69		.006		46.69		.28
EYE APPLIANCES	38		108		1,528.47		14.15		.013		40.22		.19
OTHER OPTOMETRIC SERVICES	0		0		.00		.00		.000		.00		.00

					_		
@CHIROPRACTOR	144	232 \$	3,878.20	\$ 16.72	.029 \$	26.93	\$.48
VISITS	144	232	3,878.20	16.72	.029	26.93	.48
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
	0						
RADIO./PATHOLOGY	U	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	18 \$	1,424.52	\$ 79.14	.002 \$	284.90	\$.18
NURSE ANESTHESIST	3	14 \$	311.55	\$ 22.25	.002 \$	103.85	\$.04
	3						•
NURSE MIDWIFE	1	3 \$	184.20	\$ 61.40	.000 \$	184.20	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	15	22 \$	596.17	\$ 27.10	.003 \$	39.74	\$.07
@TOTAL HOSPITAL	1,109	3,818 \$	954,820.26	\$ 250.08	.470 \$	860.97	\$ 117.46
HOSP INPATIENT TOTAL	127	555	857,494.95	1545.04	.068	6751.93	105.49
HSC HOSPITALS	120	534	840,013.23	1573.06	.066	7000.11	103.34
NON-HSC HOSPITAL TOTAL	7	21	17,481.72	832.46	.003	2497.39	2.15
	. 7	21	6,139.79	292.37	.003	877.11	.76
ACCOMMODATIONS	/		· ·				
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	21	6,139.79	292.37	.003	877.11	.76
ANCILLARIES	,	0					
	/		11,341.93	.00	.000	1620.28	1.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,008	3,263	97,325.31	29.83	.401	96.55	11.97
				41.60			
MEDICAL	182	257	10,690.35		.032	58.74	1.32
SURGERY	101	122	5,535.22	45.37	.015	54.80	.68
PATHOLOGY	272	1,006	13,918.77	13.84	.124	51.17	1.71
RADIOLOGY	168	218	12,220.89	56.06	.027	72.74	1.50
ROOM USE	614	784	33,473.88	42.70	.096	54.52	4.12
CROSSOVERS/ALL OTH OUTPTNT	482	876	21,486.20	24.53	.108	44.58	2.64
@COUNTY HOSPITAL TOTAL	31	102 \$	2,596.37	\$ 25.45	.013 \$	83.75	\$.32
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0						
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	31	102	2,596.37	25.45	.013	83.75	.32
MEDICAL	4	5	216.72	43.34	.001	54.18	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	45	451.37	10.03	.006	41.03	.06
RADIOLOGY	6	9	281.50	31.28	.001	46.92	.03
ROOM USE	18	20	762.97	38.15	.002	42.39	.09
CROSSOVERS/ALL OTH OUTPTNT	15	23	883.81	38.43	.003	58.92	.11
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DEC	2 2003	PAGE 3,175
MOP024	FEE-FOR-SERVIC	E/DENTAL					01/29/04
FRESNO COUNTY	SUMMARY OF SERV	VICES FOR EDWARDS CA	SES IN PA-FAMILIES	AID CODE	38		
11120110 0001111	DOIMMET OF DEED	VIOLO 1011 LD ///III.DD 011.	320 111 111 111112	1122 0022	MON'	ת משתא ע דעי	CF
0 100 5 5555	Harra						
8,129 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,079	3,716 \$	952,223.89	\$ 256.25	.457 \$	882.51	\$ 117.14
COMM HOSP INPATIENT TOTAL	127	555	857,494.95	1545.04	.068	6751.93	105.49
HSC HOSPITALS	120	534	840,013.23	1573.06	.066	7000.11	103.34
NON-HSC HOSPITALS TOTAL	7	21	17,481.72	832.46	.003	2497.39	2.15
ACCOMMODATIONS	7	21	6,139.79	292.37	.003	877.11	.76
						· · · · ·	

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	21		6,139.79		292.37	.003		877.11		.76
ANCILLARIES	, 7	0		11,341.93		.00	.000		1620.28		1.40
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	978	3,161		94,728.94		29.97	.389		96.86		11.65
MEDICAL	178	252		10,473.63		41.56	.031		58.84		1.29
SURGERY	101	122		5,535.22		45.37	.015		54.80		.68
PATHOLOGY	262	961		13,467.40		14.01	.118		51.40		1.66
RADIOLOGY	162	209		11,939.39		57.13	.026		73.70		1.47
ROOM USE	597	764		32,710.91		42.82	.094		54.79		4.02
CROSSOVERS/ALL OTH OUTPTNT		853		20,602.39		24.15	.105		44.12		2.53
@STATE HOSPITAL	3	136	\$		\$			\$	22226.21	\$	8.20
MENTALLY ILL	3	136		66,678.62	•	490.28	.017	•	22226.21		8.20
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	4	197	\$	80,586.08	\$	409.07		\$	20146.52	\$	9.91
LEV A-INTERMEDIATE	0	0		.00	•	.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	4	197		80,586.08		409.07	.024		20146.52		9.91
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	37	133	\$		\$	28.21	.016	\$	101.39	\$.46
HOSPITAL BASED	28	98		3,090.71		31.54	.012		110.38		.38
INDEPENDENT FACILITY	10	35		660.82		18.88	.004		66.08		.08
@LABORATORY FACILITY	208	853	\$	11,422.40	\$	13.39	.105	\$	54.92	\$	1.41
PATHOLOGY	208	853		11,422.40		13.39	.105		54.92		1.41
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	6,112	8,594	\$	696,372.77	\$	81.03	1.057	\$	113.94	\$	85.67
CLINIC	54	276		5,903.53		21.39	.034		109.32		.73
SURGICENTER	5	18		735.26		40.85	.002		147.05		.09
HEROIN DETOX CLINIC	6	92		1,061.77		11.54	.011		176.96		.13
RURAL HEALTH CLINIC	6,049	8,208 ES AND EXPENDITUR	30 MON	688,672.21		83.90	1.010	חחכ	113.85	-	84.72
	FEE-FOR-SERVICE		72 MOIN	IIH-OF-PAYMENI RE	POR	. FOR JAN	2003 IHRU	DEC	2003	P	PAGE 3,176 01/29/04
MOP024 FRESNO COUNTY		ICES FOR EDWARDS	CACEC	TN DA FAMILIES		AID CODE	20				01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASES	IN PA-FAMILIES		AID CODE		דוו	HLY AVERA	CF	
8,129 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ177	RAGE COST	UNITS/DAY				COST PER
O,IZ) EDIGIBLES	ODERD	OR DAYS OF CARE		EXFENDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	6,143	35,754	\$	212,567.23	\$	5.95	4.398		34.60		26.15
DURABLE MED. EQUIP.	12	74	٧	2,340.60	Ψ	31.63	.009	Ψ	195.05	٧	.29
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	105	909		14,290.37		15.72	.112		136.10		1.76
AMBULANCES/AIR TRANS	104	899		12,400.86		13.79	.111		119.24		1.53
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	10		1,889.51		188.95	.001		944.76		.23
ACUPUNCTURE	5	12		216.26		18.02	.001		43.25		.03
ADULT DAY HEALTH CARE CTR	0	0		18.27		.00	.000		.00		.00
GENETIC DISEASE TESTING	146	146		15,256.00		104.49	.018		104.49		1.88
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	1,110	2,381	21,477.10	9.02	.293	19.35	2.64
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	11	16	1,128.94	70.56	.002	102.63	.14
PROSTHETICS	6	10	596.80	59.68	.001	99.47	.07
ORTHOTICS	6	6	532.14	88.69	.001	88.69	.07
PSYCHOLOGIST	3	7	322.88	46.13	.001	107.63	.04
SPEECH AND AUDIOLOGY	3	6	319.99	53.33	.001	106.66	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,770	15,948	155,292.08	9.74	1.962	32.56	19.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	16,255	1,904.74	.12	2.000	238.09	.23
@CALIF. CHILDREN SERVICES*	633	11,903	\$ 832,504.78	\$ 69.94	1.464	\$ 1315.17	\$ 102.41
@XOVER EXCLUDING STATE HOSP**	2	10	\$ 135.96	\$ 13.60	.001	\$ 67.98	\$.02

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,177 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

FRESHO COUNTI	SUMMARI OF SER	VICES FOR SSI APPE	ДЦ/	NLDC IN PA-DISABLE	ED AID CODES OF		ATITUTE 37 7 TETUTA	an.	
2 012 FLIGTPING	Hanna	INITES OF SERVICE			ALTERNACE COOR		NTHLY AVERA		000 000
3,013 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			_	OST PER
OMOMAL ALL DROLLDERS	1 526	OR DAYS OF CARE	4	455 070 00	PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	1,536	13,315	\$	455,979.90	\$ 34.25	4.419			151.34
@PHYSICIANS SERVICES	599	2,002	\$	65,349.03	\$ 32.64	.664		Ş	21.69
OUTPATIENT VISITS	489	782		24,436.34	31.25	.260	49.97		8.11
OFFICE VISITS	374	522		15,429.42	29.56	.173	41.26		5.12
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	68	76		3,626.64	47.72	.025	53.33		1.20
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	17	105		3,075.32	29.29	.035	180.90		1.02
OTHER OUTPATIENT	69	79		2,304.96	29.18	.026	33.41		.77
INPATIENT VISITS	12	35		1,813.20	51.81	.012	151.10		.60
HOSPITAL VISITS	12	31		1,326.80	42.80	.010	110.57		.44
CRITICAL CARE	2	4		486.40	121.60	.001	243.20		.16
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	12	13		545.38	41.95	.004	45.45		.18
EXAMINATIONS	12	13		545.38	41.95	.004	45.45		.18
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	14	31		5,074.75	163.70	.010	362.48		1.68
PRINCIPAL SURGEON	11	12		4,353.72	362.81	.004	395.79		1.44
ASSISTANT SURGEON	1	1		186.50	186.50	.000	186.50		.06
ANESTHESIOLOGIST	3	18		534.53	29.70	.006	178.18		.18
OUTPATIENT SURGERY	58	127		9,621.43	75.76	.042	165.89		3.19
PRINCIPAL SURGEON	49	59		8,142.60	138.01	.020	166.18		2.70
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	14	68		1,478.83	21.75	.023	105.63		.49
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	90	238		4,782.89	20.10	.079	53.14		1.59
RADIOLOGY	132	215		9,508.96	44.23	.071	72.04		3.16
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	27	38		496.87	13.08	.013	18.40		.16
OTHER SERVICES/ALL X-OVERS	97	523		9,069.21	17.34	.174	93.50		3.01
@PHARMACY	936	7,133	\$	215,634.64	\$ 30.23	2.367		\$	71.57
PRESCRIPTION DRUGS	920	3,140	,	207,839.86	66.19	1.042	225.91	т.	68.98
SNF/ICF	2	6		329.32	54.89	.002	164.66		.11
OUTPATIENTS	918	3,134		207,510.54	66.21	1.040	226.05		68.87
		•		•					

MEDICAL SUPPLIES	57	3,993		7,794.78		1.95	1.325		136.75		2.59	
@DENTIST	173	909	\$	31,516.25	\$	34.67	.302	\$	182.17	\$	10.46	
VISITS - DIAGNOSTIC	117	567		6,893.25		12.16	.188		58.92		2.29	
ORAL SURGERY	27	75		4,099.00		54.65	.025		151.81		1.36	
DRUGS	3	7		115.00		16.43	.002		38.33		.04	
ANESTHESIA	2	2		200.00		100.00	.001		100.00		.07	
PERIODONTICS	13	13		1,971.00		151.62	.004		151.62		.65	
ENDODONTICS	12	17		2,735.00		160.88	.006		227.92		.91	
RESTORATIVE DENTISTRY	65	194		12,855.00		66.26	.064		197.77		4.27	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	7	22		1,948.00		88.55	.007		278.29		.65	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	10	11		700.00		63.64	.004		70.00		.23	
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES MONT	H-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PAC	GE 3,178	8
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04	4
FRESNO COUNTY	SUMMARY OF SERVICES F	OR SST APE	FAT./NI.DO	C IN PA-DISABLE	ED AT	D CODES	5N 6P					

FRESNO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

3,013 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\7.7	ERAGE COST			UUI AVEKA	GE	COST PER
3,013 EDIGIBLES	ONEKO	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	23	63	\$	1,335.90	\$	21.20	.021		58.08		.44
DIAGNOSTIC AND ANC. PROCED	12	14	Ą	564.86	Ą	40.35	.005	Ą	47.07	Ą	.19
EYE APPLIANCES	16	48		747.04		15.56	.016		46.69		.25
OTHER OPTOMETRIC SERVICES	1	1		24.00		24.00	.000		24.00		.01
@CHIROPRACTOR	1	6	\$	100.32	Ś	16.72	.002	ċ.	25.08	ب	.03
VISITS	1	6	Ą	100.32	Ą	16.72	.002	Ą	25.08	Ą	.03
OTHER SERVICES	0	0		.00		.00	.002		.00		.00
@PODIATRIST	3	5	\$	241.36	\$	48.27	.002	¢	80.45	¢	.08
MEDICINE/INJECTIONS	2		Ą	81.60	Ą	40.80	.002	Ą	40.80	Ą	.03
SURGERY/ANES.	1	2		15.00		15.00	.000		15.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	2		144.76		72.38	.001		144.76		.05
@HOME HEALTH AGENCY	3	20	Ċ		\$	72.62	.007	¢	484.16	\$.48
NURSE ANESTHESIST	0	0	Š	.00	Š	.00	.000		.00	Ś	.00
NURSE MIDWIFE	0	0	Š	.00	Š	.00	.000		.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000		.00	Š	.00
FAMILY NURSE PRACTITIONER	8	12	Š	290.44	Š	24.20	.004	Š	36.31	Š	.10
@TOTAL HOSPITAL	323	1,418	Š	98,735.73	Š	69.63		\$	305.68	Ś	32.77
HOSP INPATIENT TOTAL	13	46	٧	56,020.05	۲	1217.83	.015	٧	4309.23	٧	18.59
HSC HOSPITALS	11	36		46,450.05		1290.28	.012		4222.73		15.42
NON-HSC HOSPITAL TOTAL	2	10		9,570.00		957.00	.003		4785.00		3.18
ACCOMMODATIONS	2	10		9,569.87		956.99	.003		4784.94		3.18
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	10		9,569.87		956.99	.003		4784.94		3.18
ANCILLARIES	2	0		.13		.00	.000		.07		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	320	1,372		42,715.68		31.13	.455		133.49		14.18
MEDICAL	67	116		5,168.83		44.56	.038		77.15		1.72
SURGERY	42	45		1,650.03		36.67	.015		39.29		.55
PATHOLOGY	112	453		5,460.76		12.05	.150		48.76		1.81
RADIOLOGY	83	115		11,499.13		99.99	.038		138.54		3.82
ROOM USE	195	283		12,456.17		44.01	.094		63.88		4.13
CROSSOVERS/ALL OTH OUTPINT	116	360		6,480.76		18.00	.119		55.87		2.15
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 3,179

MOP024 FRESNO COUNTY FEE-FOR-SERVICE/DENTAL 01/29/04

FRESNO COUNTY	SUMMARY OF SERV	ICES FOR SSI AF	PEAL/	NLDC IN PA-DISABL	ED AID CODES 61				
						MON		AGE	
3,013 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	323	1,418	\$	98,735.73	\$ 69.63	.471 \$		Ş	32.77
COMM HOSP INPATIENT TOTAL	13 11	46 36 10 10 0 0 10 0 0 10		56,020.05	1217.83	.015	4309.23		18.59
HSC HOSPITALS	11	36		46,450.05	1290.28	.012	4222.73		15.42
NON-HSC HOSPITALS TOTAL	2	10		9,570.00	957.00	.003	4785.00		3.18
ACCOMMODATIONS	2	10		9,569.87	956.99	.003	4784.94		3.18
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	10		9,569.87	956.99	.003	4784.94		3.18
ANCILLARIES	2	0		.13	.00	.000	.07		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00 .00 42,715.68	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	320	1,372		42,715.68	31.13	.455	133.49		14.18
MEDICAL	67	116		5,168.83	44.56	.038	77.15		1.72
SURGERY	42	45		1,650.03	36.67	.015	39.29		.55
PATHOLOGY	112	453		5,460.76	12.05	.150	48.76		1.81
RADIOLOGY	83	115		11,499.13	99.99	.038	138.54		3.82
ROOM USE	195	283		12,456.17	44.01	.094	63.88		4.13
CROSSOVERS/ALL OTH OUTPINT		360		6,480.76	18.00	.119	55.87		2.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		Ġ	.00
MENTALLY ILL	0	0	Ą	.00	.00	.000 \$.00	Ą	.00
	0	0			.00	.000	.00		.00
DEVELOP. DISABLED	1	30	\$.00			1728.15	4	
@NURSING FACILITY	0	0	Ş	1,728.15	\$ 57.61			Ş	.57
LEV A-INTERMEDIATE	0	-		.00	.00	.000	.00		.00
LEV B-REHAB MD		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	_	_		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	1	30		1,728.15	57.61	.010	1728.15		.57
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	19	57	\$	1,425.68	\$ 25.01	.019 \$	75.04	\$.47
HOSPITAL BASED	14	45		1,175.83	26.13	.015	83.99		.39
INDEPENDENT FACILITY	5	12		249.85	20.82	.004	49.97		.08
@LABORATORY FACILITY	90	526	\$	5,008.81	\$ 9.52	.175 \$	55.65	\$	1.66
PATHOLOGY	90	526	•	5,008.81	9.52	.175	55.65		1.66
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	146	253	\$	16,799.89	\$ 66.40	.084 \$		Ġ	5.58
CLINIC	8	23		446.74	19.42	.008	55.84		.15
SURGICENTER	7	29		699.83	24.13	.010	99.98		.23
HEROIN DETOX CLINIC	2	36		366.30	10.18	.012	183.15		.12
RURAL HEALTH CLINIC	129	165		15,287.02	92.65	.055	118.50		5.07
#CALIF DEPT OF HEALTH SERV			DEC N	IONTH-OF-PAYMENT R				Т	PAGE 3,180
MOP024	FEE-FOR-SERVICE		TCEO I	IONIII OF FAIMENT K	EFORT FOR UAN A	ZOOS TIIKO DE	C 2005		01/29/04
FRESNO COUNTY			י דגים מ	NLDC IN PA-DISABL	בט עודע כטטבע פו	vi 6D			01/29/04
LIVEDING COOMII	SUMMAL OF SERV	TCES FUR SSI AF	F LHL/	MIDC IN PA-DISABL	TO GODES OF	N 6P MON	ייטדע אזייים	CF	
2 012 ELICIDIES	HCEDC	INTER OF CERTIF	יני	EADENDIMIDEO				1OL	
3,013 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
WILL OWIED DDOMINEDO	0.41	OR DAYS OF CAR		16 261 02	PER UNIT/DAY		USER 67.89	۸.	ELIGIBLE
@ALL OTHER PROVIDERS	241	881	\$	16,361.23	\$ 18.57	.292 \$		Ş	5.43
DURABLE MED. EQUIP.	7	12		1,396.45	116.37	.004	199.49		. 46
BLOOD BANK	0	0		.00	.00	.000	.00		.00

HEARING AID DISPENSERS	0	0		.00	.00	.000		.00	.00	
MEDICAL TRANSPORTATION	44	207		4,161.80	20.11	.069	94	.59	1.38	
AMBULANCES/AIR TRANS	43	203		4,126.04	20.33	.067	95	.95	1.37	
OTHER TRANS	0	0		.00	.00	.000		.00	.00	
OTHER SERVICES	1	4		35.76	8.94	.001	35	.76	.01	
ACUPUNCTURE	0	0		.00	.00	.000		.00	.00	
ADULT DAY HEALTH CARE CTR	2	41		2,828.05	68.98	.014	1414	.03	.94	
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105	.00	.03	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000		.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000		.00	.00	
OPTICIAN	42	111		1,105.35	9.96	.037	26	.32	.37	
PHYSICAL THERAPIST	0	0		.00	.00	.000		.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000		.00	.00	
PROSTHETIST/ORTHOTISTS	8	23		1,489.74	64.77	.008	186	.22	.49	
PROSTHETICS	8	23		1,489.74	64.77	.008	186	.22	.49	
ORTHOTICS	0	0		.00	.00	.000		.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000		.00	.00	
SPEECH AND AUDIOLOGY	6	16		462.62	28.91	.005	77	.10	.15	
HOSPICE SERVICES	0	0		.00	.00	.000		.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000		.00	.00	
LOCAL EDUCATION AGENCIES	131	465		4,769.29	10.26	.154	36	.41	1.58	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000		.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000		.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000		.00	.00	
ALL OTHER PROVIDERS	3	5		42.93	8.59	.002	14	.31	.01	
@CALIF. CHILDREN SERVICES*	92	600	\$	35,343.58	\$ 58.91	.199	\$ 384	.17	\$ 11.73	
@XOVER EXCLUDING STATE HOSP**	39	1,007	\$	4,513.60	\$ 4.48	.334	\$ 115	.73	\$ 1.50	
@* TOTATO IN TURCE ITNED ADE CIT	TENT AC A CEDADATE	TMEODMATION	TTEM ONLY:							

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,181 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

INDONO COOMII	DOINING OF DELLA	TODO TOTA CIUTE CIRCO	TIODD III TIODD	TITE CODE			
					MON	THLY AVERA	GE
1,175 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,648	101,799 \$	2,345,561.27	\$ 23.04	86.637 \$	1423.28	\$ 1996.22
@PHYSICIANS SERVICES	146	341 \$	5,427.16	\$ 15.92	.290 \$	37.17	\$ 4.62
OUTPATIENT VISITS	9	11	291.00	26.45	.009	32.33	.25
OFFICE VISITS	9	11	291.00	26.45	.009	32.33	.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	40.00	20.00	.002	20.00	.03
EXAMINATIONS	2	2	40.00	20.00	.002	20.00	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		27.52	13.76	.002	13.76	.02
OTHER SERVICES/ALL X-OVERS	134	326		5,068.64	15.55	.277	37.83	4.31
@PHARMACY	1,443	52,729	\$	367,659.58	\$ 6.97	44.876	\$ 254.79	\$ 312.90
PRESCRIPTION DRUGS	1,397	5,794	•	349,349.38	60.30	4.931	250.07	297.32
SNF/ICF	592	3,277		181,502.97	55.39	2.789	306.59	154.47
OUTPATIENTS	823	2,517		167,846.41	66.69	2.142	203.94	142.85
MEDICAL SUPPLIES	185	46,935		18,310.20	.39	39.945	98.97	15.58
@DENTIST	54	180	\$	7,955.04	\$ 44.19	.153	\$ 147.32	\$ 6.77
VISITS - DIAGNOSTIC	38	132		1,585.04	12.01	.112	41.71	1.35
ORAL SURGERY	3	12		737.00	61.42	.010	245.67	.63
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	7	7		519.00	74.14	.006	74.14	.44
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	15		1,404.00	93.60	.013	234.00	1.19
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	13		3,710.00	285.38	.011	412.22	3.16
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES MO	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU D	EC 2003	PAGE 3,182
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	AGED IN PA-AGED	AID CO	DE 1E		
						MC	NTHLY AVERA	GE

						M	CNO	HLY AVERA	GE.	
1,175 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	35	94	\$ 1,657.09	\$	17.63	.080	\$	47.35	\$	1.41
DIAGNOSTIC AND ANC. PROCED	6	6	159.26		26.54	.005		26.54		.14
EYE APPLIANCES	27	76	1,245.77		16.39	.065		46.14		1.06
OTHER OPTOMETRIC SERVICES	7	12	252.06		21.01	.010		36.01		.21
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	72	106	\$ 378.47	\$	3.57	.090	\$	5.26	\$.32
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	72	106	378.47		3.57	.090		5.26		.32
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	2	\$ 20.30	\$	10.15	.002	\$	20.30	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	94	345	\$ 28,836.81	\$	83.58	.294	\$	306.77	\$	24.54
HOSP INPATIENT TOTAL	25	84	23,068.51		274.63	.071		922.74		19.63
HSC HOSPITALS	1	2	2,704.15		1352.08	.002		2704.15		2.30
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	24	82	20,364.36		248.35	.070		848.52		17.33
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL 82 261 5,768.30 22.10 .222 70.35 4.91 MEDICAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MEDICAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
SURGERY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 ROOM USE 0 0 .00 .00 .00 .00 .00 .00 CROSSOVERS/ALL OTH OUTPINT 82 261 5,768.30 22.10 .222 70.35 4.91 @COUNTY HOSPITAL TOTAL 0 0 \$.00 .00 .00 .00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE 0 0 .00 .00 .00 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 82 261 5,768.30 22.10 .222 70.35 4.91 @COUNTY HOSPITAL TOTAL 0 0 \$.00 .00 .000 \$.00 \$ CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT 82 261 5,768.30 22.10 .222 70.35 4.91 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ACCOMMODATIONS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00
Δ NCTLLARTES 0 0 0 00 00 00 00 00 00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00
MEDICAL 0 0 .00 .00 .00 .00 .00 .00
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 0 0 .00 .00 .00 .00 .00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00
ROOM USE 0 0 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,183
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E
MONTHLY AVERAGE
1,175 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 94 345 \$ 28,836.81 \$ 83.58 .294 \$ 306.77 \$ 24.54
COMM HOSP INPATIENT TOTAL 25 84 23,068.51 274.63 .071 922.74 19.63
HSC HOSPITALS 1 2 2,704.15 1352.08 .002 2704.15 2.30

1,175 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE C	OST UNITS/DAY	s c	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/	DAY PER ELIC	1	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	345	\$	28,836.81	\$ 83.5		\$	306.77	\$ 24.54
COMM HOSP INPATIENT TOTAL	25	84		23,068.51	274.6			922.74	19.63
HSC HOSPITALS	1	2		2,704.15	1352.0	.002		2704.15	2.30
NON-HSC HOSPITALS TOTAL	0	0		.00	.0	.000		.00	.00
ACCOMMODATIONS	0	0		.00	.0	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.0	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00	.0	.000		.00	.00
ALL OTHER ACCOM	0	0		.00	.0	.000		.00	.00
ANCILLARIES	0	0		.00	.0	.000		.00	.00
INPATIENT CROSSOVERS	24	82		20,364.36	248.3			848.52	17.33
ALL OTHER INPATIENT	0	0		.00	.0			.00	.00
COMM HOSP OUTPATIENT TOTAL	82	261		5,768.30	22.1			70.35	4.91
MEDICAL	0	0		.00	.0			.00	.00
SURGERY	0	0		.00	.0			.00	.00
PATHOLOGY	0	0		.00	.0			.00	.00
RADIOLOGY	0	0		.00	.0			.00	.00
ROOM USE	0	0		.00	.0			.00	.00
CROSSOVERS/ALL OTH OUTPTNT	82	261		5,768.30	22.1			70.35	4.91
@STATE HOSPITAL	0	0	\$.00	\$.0	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.0			.00	.00
DEVELOP. DISABLED	0	0		.00	.0			.00	.00
@NURSING FACILITY	555	15,222	\$	1,868,842.13	\$ 122.7		\$	3367.28	\$ 1590.50
LEV A-INTERMEDIATE	0	0		.00	.0			.00	.00
LEV B-REHAB MD	0	0		.00	.0			.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.0			.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.0			.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.0			.00	.00
LEV B-REGULAR	555	15,222		1,868,842.13	122.7			3367.28	1590.50
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.0	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	Ô	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
	0	0	4						
@HEMODIALYSIS TOTAL	6	6	Ş	3,079.80	\$ 513.30	.005	\$ 513.30	Ş	2.62
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	6	6		3,079.80	513.30	.005	513.30		2.62
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	3	17	\$	134.17	\$ 7.89	.014	\$ 44.72	\$.11
PATHOLOGY	1	11		111.70	10.15	.009	111.70		.10
XO AND OTHERS	2	6		22.47	3.75	.005	11.24		.02
@ORGANIZED OUTPATIENT CLINIC	59	89	\$	3,386.90	\$ 38.06	.076	\$ 57.41	\$	2.88
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	1	1		195.82	195.82	.001	195.82		.17
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00

RURAL HEALTH CLINIC 88 3,191.08 36.26 .075 55.02 2.72 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,184

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL FRESNO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

INESNO COUNTI	DOMINANCE OF DERIVE	CHOAL CHAID CHOL	AGED IN FA AGED	AID CODI	ייב י		
					MOI	NTHLY AVERA	GE
1,175 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	279	32,668 \$	58,183.82	\$ 1.78	27.803	\$ 208.54	\$ 49.52
DURABLE MED. EQUIP.	15	177	9,888.22	55.87	.151	659.21	8.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	86	2,156	9,148.07	4.24	1.835	106.37	7.79
AMBULANCES/AIR TRANS	20	208	2,914.21	14.01	.177	145.71	2.48
OTHER TRANS	53	1,803	5,631.82	3.12	1.534	106.26	4.79
OTHER SERVICES	18	145	602.04	4.15	.123	33.45	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	23	349	24,138.17	69.16	.297	1049.49	20.54
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	8	797.00	99.63	.007	265.67	.68
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	41	93	1,180.26	12.69	.079	28.79	1.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	8	17	10.38	.61	.014	1.30	.01
PROSTHETIST/ORTHOTISTS	3	6	140.74	23.46	.005	46.91	.12
PROSTHETICS	3	6	140.74	23.46	.005	46.91	.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	637.63	127.53	.004	212.54	.54
HOSPICE SERVICES	3	47	5,219.21	111.05	.040	1739.74	4.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	106	29,810	7,024.14	.24	25.370	66.27	5.98
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	433	14,463 \$	94,439.46	\$ 6.53	12.309	\$ 218.10	\$ 80.37
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	TE INFORMATION ITEM C	NLY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APP	ROPRIATE DETAIL LINES	ABOVE.				
++ mince pama app micrimen T		DEED T TIME ADOLE					

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,185 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 FRESNO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

----- MONTHLY AVERAGE -----82 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 104 6,210 125,398.61 20.19 75.732 \$ 1205.76 \$ 1529.25 @TOTAL, ALL PROVIDERS 7.79 @PHYSICIANS SERVICES 12 92 638.70 \$ 6.94 1.122 \$ 53.23 \$ 1 24.00 24.00 .012 24.00 .29 OUTPATIENT VISITS 1 24.00 24.00 24.00 OFFICE VISITS 1 1 .012 .29 .00 .00 .000 .00 .00 HOME VISITS .000 .00 0 0 .00 .00 EMERGENCY ROOM .00 0 0 .00 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI 0 0 .00 .00 .000 .00 .00 OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 INPATIENT VISITS HOSPITAL VISITS 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 CRITICAL CARE .000 .00 Ω 0 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		12.78		12.78	.012		12.78		.16
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	11	90		601.92		6.69	1.098		54.72		7.34
@PHARMACY	89	2,021	\$	32,981.47	\$	16.32	24.646	\$		\$	402.21
PRESCRIPTION DRUGS	85	533	7	30,734.26	т.	57.66	6.500	т	361.58	т.	374.81
SNF/ICF	26	166		8,140.44		49.04	2.024		313.09		99.27
OUTPATIENTS	60	367		22,593.82		61.56	4.476		376.56		275.53
MEDICAL SUPPLIES	29	1,488		2,247.21		1.51	18.146		77.49		27.41
@DENTIST	5	26	\$	889.00	\$	34.19	.317	\$	177.80	Ś	10.84
VISITS - DIAGNOSTIC	3	14	٧	82.00	Ψ	5.86	.171	٧	27.33	٧	1.00
ORAL SURGERY	2	9		242.00		26.89	.110		121.00		2.95
DRUGS	0	Ō		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	1		90.00		90.00	.012		.00		1.10
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	2		475.00		237.50	.024		237.50		5.79
SPACE MAINTAINERS	0	Δ		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES	O .						DEG		ъ	
#CALIF DEPT OF HEALTH SERV MOP024		-	KES M	ONIG-OF-PAIMENT RE	PURI	FUR JAN	ZUUS IRKU	חהכ	4003	Ρ.	AGE 3,186 01/29/04
FRESNO COUNTY	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE		a y a ma	DITND IN DA DITA	D	AID CO	מים מים				01/29/04
LKESNO COONII	SUMMARI OF SERVICE	S FUR CRAIG	CASES.	- BLIND IN PA-BLIN	ע	AID CO	JE ZE №	ויייזא∩ו	עדע אוופייא	CE	
82 FT.TGTBT.FS	MII PGTPII	יודים אד פדדעור	r ·	PADEMULAIDEC	7/17/17	מות מחפי	אן עמר/פתדואוו יו	-		_	COST DEB

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	RAGE COST UNIT/DAY	UNITS/DAY PER ELIG	 COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	6	\$ 92.56	\$ 15.43	.073	\$ 30.85	\$ 1.13
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	4	64.16	16.04	.049	32.08	.78
OTHER OPTOMETRIC SERVICES	1	2	28.40	14.20	.024	28.40	.35
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 45.40	\$ 22.70	.024	\$ 22.70	\$.55
MEDICINE/INJECTIONS	2	2	45.40	22.70	.024	22.70	.55
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	20	\$ 303.40	\$ 15.17	.244	\$ 43.34	\$ 3.70

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	20	303.40	15.17	.244	43.34	3.70
MEDICAL	1	1	65.17	65.17	.012	65.17	.79
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	68.90	34.45	.024	34.45	.84
CROSSOVERS/ALL OTH OUTPTNT	5	17	169.33	9.96	.207	33.87	2.07
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00		5 .00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES M					PAGE 3,187
MOP024	FEE-FOR-SERVICE/			DIORI TOR OTH	2005 IIII(0 DI	10 2005	01/29/04
FRESNO COUNTY	SUMMARY OF SERVI		- BLIND IN PA-BLI	ND AID COD	F 2F		01/25/04
FRESNO COUNTI	SOMMAN OF SERVE	CED FOR CRAIG CADED	DUIND IN TA DUIT	ND AID COD		NTHLY AVERA	GE
82 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
02 11101110	00110	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	20 \$	303.40	\$ 15.17	.244		\$ 3.70
COMM HOSP INPATIENT TOTAL	Ó	0	.00	.00	.000	.00	.00
COLUL HODE THEFT TOTAL	J	U	.00	.00	.000	.00	.00

82 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		,	COST PER		T PER
	_	OR DAYS OF CARE	_	202 40	PER UNIT/DAY		USER		GIBLE
@COMMUNITY HOSPITAL TOTAL	1	20	Ş	303.40	\$ 15.17	.244 \$		Ş	3.70
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	7	20		303.40	15.17	.244	43.34		3.70
MEDICAL	1	1		65.17	65.17	.012	65.17		.79
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	2	2		68.90	34.45	.024	34.45		.84
CROSSOVERS/ALL OTH OUTPTNT	5	17		169.33	9.96	.207	33.87		2.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00

DEVELOP. DISABLED	MENTALLY ILL	0	0		.00		.00	.000		.00		.00
LEV A-INTERMEDIATE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
Lev B-Reham D	@NURSING FACILITY	26	622	\$	74,259.11	\$	119.39	7.585	\$	2856.12	\$	905.60
LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE 26 622 74,259.11 119,39 7.817 2856.12 905.60 @INTERMEDIATE CARE FACILDD 3 67 \$12,246.93 \$182.79 .817 4082.31 \$149.35 ICF DDH 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR 26 622 74,259.11 119.39 7.585 2856.12 905.60 @INTERNEDIATE CARE FACILDD 3 67 \$ 12,246.93 \$ 182.79 .817 \$ 4082.31 \$ 149.35 1CF DDH 0 0 0 0.00 .00 .00 .00 .00 .00 .00 ICF DDH 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ICF DD 0 0 0 0 .00 .00 .00 .00 .00 .00 .00	LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
GINTERMEDIATE CARE FACILDD	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ICF DDH	LEV B-REGULAR	26	622		74,259.11		119.39	7.585		2856.12		905.60
ICF DD	@INTERMEDIATE CARE FACILDD	3	67	\$	12,246.93	\$	182.79	.817	\$	4082.31	\$	149.35
ICF DDN/DDCN	ICF DDH	0	0		.00		.00	.000		.00		.00
### HEMODIALYSIS TOTAL	ICF DD	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED	ICF DDN/DDCN	3	67		12,246.93		182.79	.817		4082.31		149.35
HEMODIALYSIS CENTER	@HEMODIALYSIS TOTAL	5	12	\$	2,457.33	\$	204.78	.146	\$	491.47	\$	29.97
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED 0 0 0 0 0 0 0 0 0	HEMODIALYSIS CENTER	5	12		2,457.33		204.78	.146		491.47		29.97
INDEPENDENT FACILITY	@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
@LABORATORY FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 </td <td>INDEPENDENT FACILITY</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS 0 0 .00 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 4 4 \$ 333.58 \$ 83.40 .049 \$ 83.40 \$ 4.07 CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
@ORGANIZED OUTPATIENT CLINIC 4 4 \$ 333.58 \$ 83.40 .049 \$ 83.40 \$ 4.07 CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 <	PATHOLOGY	0	0		.00		.00	.000		.00		.00
CLINIC 0 0 .00 .00 .00 .00 .00 SURGICENTER 1 1 195.82 195.82 .012 195.82 2.39 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	XO AND OTHERS	0	0									
SURGICENTER 1 1 195.82 195.82 .012 195.82 2.39 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	@ORGANIZED OUTPATIENT CLINIC	4	4	\$	333.58	\$	83.40	.049	\$	83.40	\$	
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 3 3 137.76 45.92 .037 45.92 1.68 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,188 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04	CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC 3 3 3 137.76 45.92 .037 45.92 1.68 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,188 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04	SURGICENTER	1	1		195.82		195.82	.012		195.82		2.39
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,188 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04	HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04		3	3									
			PENDIT	URES MOI	NTH-OF-PAYMENT F	REPORT	r for jan	2003 THRU	DEC	2003	PI	
FRESNO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E												01/29/04
	FRESNO COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	BLIND IN PA-BL	IND	AID COD	E 2E				

82 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 20 3,338 1,151.13 .34 40.707 \$ 57.56 \$ 14.04 \$ DURABLE MED. EQUIP. 1 1 59.06 59.06 .012 59.06 .72 BLOOD BANK 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS MEDICAL TRANSPORTATION 316.53 3.96 .976 63.31 3.86 AMBULANCES/AIR TRANS 0 0 .00 .00 .000 .00 .00 64 267.88 4.19 66.97 3.27 OTHER TRANS .780 OTHER SERVICES 16 48.65 3.04 .195 24.33 .59 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .000 ADULT DAY HEALTH CARE CTR 0 .00 .00 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 16.64 8.32 .024 16.64 .20 PHYSICAL THERAPIST .00 .00 .000 .00 .00 0 .00 .00 .00 .00 PORTABLE X-RAY .000 97.98 48.99 .024 97.98 PROSTHETIST/ORTHOTISTS 1.19 PROSTHETICS 97.98 48.99 .024 97.98 1.19 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 184.50 46.13 .049 92.25 2.25 .00 HOSPICE SERVICES .00 .000 .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 0 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**	10 12 25	3,249 44 646	\$ \$	476.42 3,255.71 8,206.39	\$ \$.15 73.99 12.70	39.622 .537 7.878	\$ \$	47.64 271.31 328.26	\$	5.81 39.70 100.08
@* TOTALS IN THESE LINES ARE G THE AMOUNTS ARE ALREADY INC											
** THESE DATA ARE INCLUDED IN	THE APPROPRIATE I	DETAIL LINES A	BOVE.								
	MEDI-CAL SERVICES	AND EXPENDITU	RES M	IONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU I	DEC	2003	Ρ	AGE 3,189
MOP024	FEE-FOR-SERVICE/DE	ENTAL									01/29/04
FRESNO COUNTY	SUMMARY OF SERVICE	ES FOR CRAIG	CASES	S- DISABLED IN PA-D	DISAB:	LED AID C	ODE 6E				
							MO	TINC	ILY AVERA	GE	
3,183 ELIGIBLES	USERS UN	NITS OF SERVICE	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S C	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,958	155,597	\$	3,813,230.68	\$	24.51	48.884	\$	963.42	\$	1198.00
@PHYSICIANS SERVICES	920	4,197	\$	119,872.13	\$	28.56	1.319	\$	130.30	\$	37.66
OUTPATIENT VISITS	506	737		25,991.58		35.27	.232		51.37		8.17
OFFICE VISITS	323	471		14,973.31		31.79	.148		46.36		4.70

HOME VISITS	1	1		51.60	51.60	.000		51.60		.02
EMERGENCY ROOM	97	118		6,828.19	57.87	.037		70.39		2.15
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	2	13		268.30	20.64	.004		134.15		.08
OTHER OUTPATIENT	112	134		3,870.18	28.88	.042		34.56		1.22
INPATIENT VISITS	52	188		7,881.96	41.93	.059		151.58		2.48
HOSPITAL VISITS	30	143		5,390.72	37.70	.045		179.69		1.69
CRITICAL CARE	4	12		1,459.20	121.60	.004		364.80		.46
SNF/ICF/TRANS IP CARE	23	33		1,032.04	31.27	.010		44.87		.32
OPHTHALMOLOGICAL SERVICES	24	30		1,177.51	39.25	.009		49.06		.37
EXAMINATIONS	24	30		1,177.51	39.25	.009		49.06		.37
SERVICES AND MATERIALS	24 24 0	0 50 20		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY		50		6,037.84	120.76	.016		503.15		1.90
PRINCIPAL SURGEON	12	20		5,038.81	251.94	.006		419.90		1.58
ASSISTANT SURGEON	1	1 29		219.28	219.28	.000		219.28		.07
ANESTHESIOLOGIST	2	29		779.75	26.89	.009		389.88		.24
OUTPATIENT SURGERY	66	128		16,333.57	127.61	.040		247.48		5.13
PRINCIPAL SURGEON	59	79		16,333.57 14,839.02	187.84	.025		251.51		4.66
ASSISTANT SURGEON	0	0 49 8		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	11	49		1,494.55	30.50	.015		135.87		.47
DIALYSIS	3	8		461.32	57.67	.003		153.77		.14
PATHOLOGY	108	283		2,799.29	9.89	.089		25.92		.88
RADIOLOGY	170	312		2,799.29 12,769.91 .00 15,917.65	40.93	.098		75.12		4.01
PSYCHIATRY		0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	35	629		15,917.65	25.31	.198		454.79		5.00
OTHER SERVICES/ALL X-OVERS	365	1,832		30,501.50	16.65	.576		83.57		9.58
@PHARMACY	3,115	64,030	\$	1,154,000.11	\$ 18.02	20.116	\$		\$	362.55
PRESCRIPTION DRUGS	3,037	12,908	•	999,730.85	77.45	4.055	•	329.18	•	314.08
SNF/ICF	505	2,817		195,159.27	69.28	.885		386.45		61.31
OUTPATIENTS	2,546	10,091		804,571.58	79.73	3.170		316.01		252.77
MEDICAL SUPPLIES	408	51,122		154,269.26	3.02	16.061		378.11		48.47
@DENTIST	228	968	\$		\$ 33.71	.304			Ś	10.25
VISITS - DIAGNOSTIC	155	583	•	7,933.00	13.61	.183	•	51.18	•	2.49
ORAL SURGERY	28	81		3,853.00	47.57	.025		137.61		1.21
DRUGS	3	5		95.00	19.00	.002		31.67		.03
ANESTHESIA	1	1		100.00	100.00	.000		100.00		.03
PERIODONTICS	28	363 81 5 1 34 12		2,753.00	80.97	.011		98.32		.86
ENDODONTICS	10	12		2,293.00	191.08	.004		229.30		.72
RESTORATIVE DENTISTRY	54	127		8,419.00	66.29	.040		155.91		2.64
PROSTHETICS	3	3		90.00	30.00	.001		30.00		.03
DENTURES, STAYPLATES	23	97		6,981.00	71.97	.030		303.52		2.19
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		112.08	112.08	.000		112.08		.04
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	16	24		.00	.00	.008		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		RES M			2003 THRII	DEC		PAC	E 3,190
MOP024	FEE-FOR-SERVICE/DENTA							_ , , ,		01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES I		CASES	- DISABLED IN PA-I	DISABLED AID (CODE 6E				,, 01
					· ·	I	MONT	HLY AVERA	GE	
						-				

3,183 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 73 228 4,817.32 \$ 21.13 .072 \$ 65.99 \$ 1.51 42 DIAGNOSTIC AND ANC. PROCED 42 1,903.74 45.33 .013 45.33 .60 57 175 2,767.73 15.82 .055 48.56 .87 EYE APPLIANCES 7 11 .05 OTHER OPTOMETRIC SERVICES 145.85 13.26 .003 20.84 @CHIROPRACTOR 6 11 150.48 \$ 13.68 .003 \$ 25.08 \$.05 11 150.48 13.68 .003 25.08 .05 VISITS 6 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 19.67 \$ 97 1,416.58 .030 \$ @PODIATRIST 72 \$ \$ 14.60 .45

MEDICINE/INJECTIONS	32	35		1,005.76		28.74	.011		31.43		.32
SURGERY/ANES.	1	1		15.00		15.00	.000		15.00		.00
RADIO./PATHOLOGY	4	4		69.20		17.30	.001		17.30		.02
OTHER	41	57		326.62		5.73	.018		7.97		.10
@HOME HEALTH AGENCY	13	988	\$	30,827.64	\$	31.20	.310	\$	2371.36	\$	9.69
NURSE ANESTHESIST	0	0 :	S	.00	\$.00	.000	\$.00	S	.00
NURSE MIDWIFE	0	0 :	S	.00	Ė	.00	.000	\$.00	Ė	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	3	7	Š	197.67	Š	28.24	.002	\$	65.89	Š	.06
@TOTAL HOSPITAL	570	3,013	Š	425,018.47	Š	141.06	.947		745.65		133.53
HOSP INPATIENT TOTAL	55	396	Υ	304,442.37	τ.	768.79	.124	τ.	5535.32	Ψ.	95.65
HSC HOSPITALS	32	220		265,670.28		1207.59	.069		8302.20		83.47
NON-HSC HOSPITAL TOTAL	5	25		19,215.85		768.63	.008		3843.17		6.04
ACCOMMODATIONS	5	25		6,466.53		258.66	.008		1293.31		2.03
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	19		4,394.70		231.30	.006		4394.70		1.38
TRANSITIONAL IP CARE	1	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	6		2,071.83		345.31	.002		517.96		.65
	4	0		•		.00					4.01
ANCILLARIES	19	151		12,749.32			.000		2549.86		6.14
INPATIENT CROSSOVERS	19			19,556.24		129.51	.047		1029.28		
ALL OTHER INPATIENT		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	545	2,617		120,576.10		46.07	.822		221.24		37.88
MEDICAL	79	142		6,824.59		48.06	.045		86.39		2.14
SURGERY	26	33		1,860.13		56.37	.010		71.54		.58
PATHOLOGY	161	684		8,696.68		12.71	.215		54.02		2.73
RADIOLOGY	110	272		19,410.12		71.36	.085		176.46		6.10
ROOM USE	265	411		17,089.36		41.58	.129		64.49		5.37
CROSSOVERS/ALL OTH OUTPTNT	283	1,075		66,695.22		62.04	.338		235.67		20.95
@COUNTY HOSPITAL TOTAL	5	33	\$	11,344.60	\$	343.78	.010	\$	2268.92	\$	3.56
CO HOSPITAL INPATIENT TOTAL	3	21		11,144.00		530.67	.007		3714.67		3.50
HSC HOSPITALS	1	7		9,464.00		1352.00	.002		9464.00		2.97
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0 0 0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	14		1,680.00		120.00	.004		840.00		.53
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	12		200.60		16.72	.004		100.30		.06
MEDICAL		1		48.59		48.59	.000		48.59		.02
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	8		59.32		7.42	.003		59.32		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		83.22		41.61	.001		41.61		.03
CROSSOVERS/ALL OTH OUTPTNT	1	1		9.47		9.47	.000		9.47		.00
		ES AND EXPENDITURES	C MON		ם חרם ח			חבר		D7	AGE 3,191
	FEE-FOR-SERVICE		. MOI	TIL OF EATHERN RE		. POR UAN	2003 11110	ا ندر	2003	FF	01/29/04
		ICES FOR CRAIG CAS	CFC_	DISARIED IN DA-F	DIGNE	RI.FD ATD (CODE 6F				01/29/04
INDINO COUNTI	DOLINIARI OL DERV	TODO FOR CIVATO CA	- 040	DIGNOLED IN FA-L	DIUAL	עדא עדה (M	ОИТ	HI.V AVEDA	GE -	
3,183 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1/1	RAGE COST	יי UNITS/DAY ז				COST PER
J, 103 HITCHDID					4 7 V T		· ONTIDIDAT	\sim		_	

3,183 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 566 2,980 413,673.87 138.82 .936 \$ 730.87 \$ 129.96 COMM HOSP INPATIENT TOTAL 52 375 293,298.37 782.13 .118 5640.35 92.15 HSC HOSPITALS 31 213 256,206.28 1202.85 .067 8264.72 80.49 NON-HSC HOSPITALS TOTAL 5 25 19,215.85 768.63 .008 3843.17 6.04 25 ACCOMMODATIONS 6,466.53 258.66 .008 1293.31 2.03 ADMINISTRATIVE DAYS 1 19 4,394.70 231.30 .006 4394.70 1.38 .00 0 0 .00 .00 .00 TRANSITIONAL IP CARE .000 6 2,071.83 ALL OTHER ACCOM 4 345.31 .002 517.96 .65 12,749.32 0 4.01 ANCILLARIES 5 .00 .000 2549.86

TNDAMTENM ODOGGOVEDO	17	137		17,876.24		130.48	0.42		1051.54		5.62
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	137		17,876.24		.00	.043		.00		.00
COMM HOSP OUTPATIENT TOTAL	543	2,605		120,375.50		46.21	.818		221.69		37.82
MEDICAL	78	141		6,776.00		48.06	.044		86.87		2.13
SURGERY	76 26	33		1,860.13		56.37	.010		71.54		.58
PATHOLOGY	160	676				12.78	.212				2.71
RADIOLOGY	110	272		8,637.36 19,410.12		71.36	.085		53.98 176.46		6.10
ROOM USE	263	409		17,006.14		41.58	.128		64.66		5.34
CROSSOVERS/ALL OTH OUTPTNT		1,074		•		62.09	.128		236.47		20.95
	202	1,074	\$	66,685.75 .00	\$.00	.000	\$.00	\$.00
@STATE HOSPITAL MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0									
DEVELOP. DISABLED	428	•	à	.00	4	.00 144.32	.000	4	.00 3736.14	4	.00
@NURSING FACILITY		11,080	\$	1,599,065.97	Ş		3.481	\$		Ş	502.38
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	2	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	17	48		29,466.72		613.89	.015		14733.36		9.26
LEV B-SUBACUTE HSPTL BASED	= :	513		268,346.70		523.09	.161		15785.10		84.31
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	414	10,519		1,301,252.55		123.70	3.305		3143.12		408.81
@INTERMEDIATE CARE FACILDD	37	1,013	\$	166,300.73	\$.318	\$		\$	52.25
ICF DDH	17	547		81,595.99		149.17	.172		4799.76		25.63
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	20	466		84,704.74		181.77	.146		4235.24		26.61
@HEMODIALYSIS TOTAL	44	100	\$	21,333.75	\$	213.34	.031	\$	484.86	\$	6.70
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	44	100		21,333.75		213.34	.031		484.86		6.70
@REHABILITATION FACILITY	34	155	\$	3,260.26	\$	21.03	.049	\$	95.89	\$	1.02
HOSPITAL BASED	21	72		1,867.16		25.93	.023		88.91		.59
INDEPENDENT FACILITY	13	83		1,393.10		16.78	.026		107.16		.44
@LABORATORY FACILITY	119	757	\$	7,718.12	\$	10.20	.238	\$	64.86	\$	2.42
PATHOLOGY	119	757		7,718.12		10.20	.238		64.86		2.42
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	245	426	\$	29,888.27	Ś	70.16	.134	\$	121.99	\$	9.39
CLINIC	6	13	т.	337.05	-	25.93	.004	т	56.18	т.	.11
SURGICENTER	11	58		2,103.52		36.27	.018		191.23		.66
HEROIN DETOX CLINIC	3	36		403.47		11.21	.011		134.49		.13
RURAL HEALTH CLINIC	225	319		27,044.23		84.78	.100		120.20		8.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		TDFS MC		רם∩פיז			חדכ		D7	AGE 3,192
MOP024	FEE-FOR-SERVICE/DENTAL		JICEO MC	MIN OF FAIRBUL KI	- O1(1	LIONUAN	2003 11110	ا تار	. 2005	P	01/29/04
FRESNO COUNTY	SUMMARY OF SERVICES FO		CASES-	- DISABLED IN PA-I	DTGNE	מו.דה מדה מ	ODE 6E				01/29/04
LIGHO COUNTI	DOLUMENT OF DELLATORS L	OV CIVATA	CHOED-	DISABILID IN PA-I	DISH	ט עדא עייייי	ODE 0E				

3,183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	656	68,527	\$	216,734.10	\$ 3.16	21.529		
DURABLE MED. EQUIP.	52	234	•	11,722.57	50.10	.074	225.43	3.68
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	4		928.31	232.08	.001	464.16	.29
MEDICAL TRANSPORTATION	210	8,734		36,101.20	4.13	2.744	171.91	11.34
AMBULANCES/AIR TRANS	106	995		14,171.68	14.24	.313	133.70	4.45
OTHER TRANS	75	7,505		20,898.86	2.78	2.358	278.65	6.57
OTHER SERVICES	34	234		1,030.66	4.40	.074	30.31	.32
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	39	568		39,379.94	69.33	.178	1009.74	12.37
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	14	2,901		85,606.77	29.51	.911	6114.77	26.89
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	131	336		5,268.14	15.68	.106	40.21	1.66
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4		84.21	21.05	.001	28.07	.03
PROSTHETIST/ORTHOTISTS	11	60		7,588.44	126.47	.019	689.86	2.38

PROSTHETICS	11	60	7,588.44	126.47	.019	689.86	2.38
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	26	86	3,892.80	45.27	.027	149.72	1.22
HOSPICE SERVICES	2	63	7,207.35	114.40	.020	3603.68	2.26
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	599	4,351.09	7.26	.188	54.39	1.37
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	126	54,938	14,603.28	.27	17.260	115.90	4.59
@CALIF. CHILDREN SERVICES*	131	8,798	\$ 119,278.69	\$ 13.56	2.764	\$ 910.52	\$ 37.47
@XOVER EXCLUDING STATE HOSP**	585	7,432	\$ 116,919.06	\$ 15.73	2.335	\$ 199.86	\$ 36.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 3,193 01/29/04

FRESNO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

						M	IONT	HLY AVERA	GE	
4,440 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	ŀ	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	5,710	263,606	\$ 6,284,190.56	\$	23.84	59.371	\$	1100.56	\$	1415.36
@PHYSICIANS SERVICES	1,078	4,630	\$ 125,937.99	\$	27.20	1.043	\$	116.83	\$	28.36
OUTPATIENT VISITS	516	749	26,306.58		35.12	.169		50.98		5.92
OFFICE VISITS	333	483	15,288.31		31.65	.109		45.91		3.44
HOME VISITS	1	1	51.60		51.60	.000		51.60		.01
EMERGENCY ROOM	97	118	6,828.19		57.87	.027		70.39		1.54
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	2	13	268.30		20.64	.003		134.15		.06
OTHER OUTPATIENT	112	134	3,870.18		28.88	.030		34.56		.87
INPATIENT VISITS	52	188	7,881.96		41.93	.042		151.58		1.78
HOSPITAL VISITS	30	143	5,390.72		37.70	.032		179.69		1.21
CRITICAL CARE	4	12	1,459.20		121.60	.003		364.80		.33
SNF/ICF/TRANS IP CARE	23	33	1,032.04		31.27	.007		44.87		.23
OPHTHALMOLOGICAL SERVICES	26	32	1,217.51		38.05	.007		46.83		.27
EXAMINATIONS	26	32	1,217.51		38.05	.007		46.83		.27
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	12	50	6,037.84		120.76	.011		503.15		1.36
PRINCIPAL SURGEON	12	20	5,038.81		251.94	.005		419.90		1.13
ASSISTANT SURGEON	1	1	219.28		219.28	.000		219.28		.05
ANESTHESIOLOGIST	2	29	779.75		26.89	.007		389.88		.18
OUTPATIENT SURGERY	66	128	16,333.57		127.61	.029		247.48		3.68
PRINCIPAL SURGEON	59	79	14,839.02		187.84	.018		251.51		3.34
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	11	49	1,494.55		30.50	.011		135.87		.34
DIALYSIS	3	8	461.32		57.67	.002		153.77		.10
PATHOLOGY	109	284	2,812.07		9.90	.064		25.80		.63
RADIOLOGY	170	312	12,769.91		40.93	.070		75.12		2.88
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	37	631	15,945.17		25.27	.142		430.95		3.59
OTHER SERVICES/ALL X-OVERS	510	2,248	36,172.06		16.09	.506		70.93		8.15
@PHARMACY	4,647	118,780	\$ 1,554,641.16	\$		26.752	\$	334.55	\$	350.14
PRESCRIPTION DRUGS	4,519	19,235	1,379,814.49		71.73	4.332		305.34		310.77
SNF/ICF	1,123	6,260	384,802.68		61.47	1.410		342.66		86.67
OUTPATIENTS	3,429	12,975			76.69	2.922		290.18		224.10
MEDICAL SUPPLIES	622	99,545	174,826.67		1.76	22.420		281.07		39.38
@DENTIST	287	1,174	\$	\$	35.33	.264	\$	144.51	\$	9.34
VISITS - DIAGNOSTIC	196	729	9,600.04		13.17	.164		48.98		2.16
ORAL SURGERY	33	102	4,832.00		47.37	.023		146.42		1.09

3	5	95.00	19.00	.001	31.67	.02
1	1	100.00	100.00	.000	100.00	.02
35	41	3,272.00	79.80	.009	93.49	.74
10	12	2,293.00	191.08	.003	229.30	.52
60	143	9,913.00	69.32	.032	165.22	2.23
3	3	90.00	30.00	.001	30.00	.02
34	112	11,166.00	99.70	.025	328.41	2.51
0	0	.00	.00	.000	.00	.00
1	1	112.08	112.08	.000	112.08	.03
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
18	25	.00	.00	.006	.00	.00
MEDI-CAL SERVICES AN	ND EXPENDITURES I	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 3,194
FEE-FOR-SERVICE/DENT	ΓAL					01/29/04
SUMMARY OF SERVICES	FOR CRAIG CASE	S- TOTAL IN PA-TOTAL				
	3 34 0 1 0 1 0 1 8 MEDI-CAL SERVICES AN	10 12 60 143 3 3 34 112 0 0 0 1 1 1 0 0 0 1 0 0 18 25 MEDI-CAL SERVICES AND EXPENDITURES 1 FEE-FOR-SERVICE/DENTAL	1 1 100.00 35 41 3,272.00 10 12 2,293.00 60 143 9,913.00 3 3 3 90.00 34 112 11,166.00 0 0 .00 1 1 1 1 112.08 0 0 0 .00 0 0 0 .00 18 25 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FEE-FOR-SERVICE/DENTAL	1 1 100.00 100.00 35 41 3,272.00 79.80 10 12 2,293.00 191.08 60 143 9,913.00 69.32 3 3 90.00 30.00 34 112 11,166.00 99.70 0 0 0 .00 .00 1 1 1 1 112.08 112.08 0 0 0 .00 .00 0 0 0 0.00 18 25 .00 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN FEE-FOR-SERVICE/DENTAL	1 1 100.00 100.00 .000 35 41 3,272.00 79.80 .009 10 12 2,293.00 191.08 .003 60 143 9,913.00 69.32 .032 3 3 90.00 30.00 .001 34 112 11,166.00 99.70 .025 0 0 0 .00 .00 .00 .000 1 1 1 1 12.08 112.08 .000 0 0 .00 .00 .00 .000 1 1 1 1 12.08 112.08 .000 0 0 .00 .00 .00 .000 18 25 .00 .00 .00 .000 18 25 .00 .00 .00 .006 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	1 1 1 1 100.00 100.00 .000 100.00 355 41 3,272.00 79.80 .009 93.49 10 12 2,293.00 191.08 .003 229.30 60 143 9,913.00 69.32 .032 165.22 3 3 3 90.00 30.00 .001 30.00 34 112 11,166.00 99.70 .025 328.41 0 0 0 .00 .00 .00 .00 .00 .00 12.08 1 1 11.08 112.08 112.08 .000 112.08 0 0 .00 .00 .00 .00 .00 .00 .00 .00

4,440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	111	328 \$	6,566.97	\$ 20.02	.074 \$	59.16	\$ 1.48
DIAGNOSTIC AND ANC. PROCED	48	48	2,063.00	42.98	.011	42.98	.46
EYE APPLIANCES	86	255	4,077.66	15.99	.057	47.41	.92
OTHER OPTOMETRIC SERVICES	15	25	426.31	17.05	.006	28.42	.10
@CHIROPRACTOR	6	11 \$	150.48	\$ 13.68	.002 \$		
VISITS	6	11	150.48	13.68	.002	25.08	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	146	205 \$	1,840.45	\$ 8.98	.046 \$		
MEDICINE/INJECTIONS	34	37	1,051.16	28.41	.040 \$	30.92	.24
	1	1		15.00	.000	15.00	.00
SURGERY/ANES.	4	4	15.00				
RADIO./PATHOLOGY	113		69.20	17.30	.001	17.30	.02
OTHER		163	705.09	4.33	.037	6.24	.16
@HOME HEALTH AGENCY	13	988 \$	30,827.64	\$ 31.20	.223 \$	2371.36	\$ 6.94
NURSE ANESTHESIST	1	2 \$	20.30	\$ 10.15	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	3	7 \$	197.67	\$ 28.24	.002 \$		\$.04
@TOTAL HOSPITAL	671	3,378 \$	454,158.68	\$ 134.45	.761 \$		\$ 102.29
HOSP INPATIENT TOTAL	80	480	327,510.88	682.31	.108	4093.89	73.76
HSC HOSPITALS	33	222	268,374.43	1208.89	.050	8132.56	60.44
NON-HSC HOSPITAL TOTAL	5	25	19,215.85	768.63	.006	3843.17	4.33
ACCOMMODATIONS	5	25	6,466.53	258.66	.006	1293.31	1.46
ADMINISTRATIVE DAYS	1	19	4,394.70	231.30	.004	4394.70	.99
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	6	2,071.83	345.31	.001	517.96	.47
ANCILLARIES	5	0	12,749.32	.00	.000	2549.86	2.87
INPATIENT CROSSOVERS	43	233	39,920.60	171.33	.052	928.39	8.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	634	2,898	126,647.80	43.70	.653	199.76	28.52
MEDICAL	80	143	6,889.76	48.18	.032	86.12	1.55
SURGERY	26	33	1,860.13	56.37	.007	71.54	.42
PATHOLOGY	161	684	8,696.68	12.71	.154	54.02	1.96
RADIOLOGY	110	272	19,410.12	71.36	.061	176.46	4.37
ROOM USE	267	413	17,158.26	41.55	.093	64.26	3.86
CROSSOVERS/ALL OTH OUTPTNT	370	1,353	72,632.85	53.68	.305	196.31	16.36
@COUNTY HOSPITAL TOTAL	5	33 \$	11,344.60	\$ 343.78		2268.92	
CO HOSPITAL INPATIENT TOTAL	3	21	11,144.00	530.67	.005	3714.67	2.51
HSC HOSPITALS	1	7	9,464.00	1352.00	.002	9464.00	2.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0 0 0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	14	1,680.00	120.00	.003	840.00	.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	12	200.60	16.72	.003	100.30	.05
MEDICAL	1	1	48.59	48.59	.000	48.59	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	8	59.32	7.42	.002	59.32	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	83.22	41.61	.000	41.61	.02
CROSSOVERS/ALL OTH OUTPINT	1	1	9.47	9.47	.000	9.47	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL CERVICE	S AND EXPENDITURES M					PAGE 3,195
MOP024	FEE-FOR-SERVICE		OMIN OF PAINTINE REI	LOKI FOR UMN Z	OOD THEO DE	C 2003	01/29/04
FRESNO COUNTY		CES FOR CRAIG CASES	- TOTAL IN PA-TOTAL	Γ.			01/20/01
11110110 0001111	COLUMN OF DERV.		101111 11V 111 101A		MON	THLY AVERA	GE

----- MONTHLY AVERAGE -----4,440 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

Common C			OD DAVC OF CADE			חשר		DED ELIC		HCED		ELIGIBLE
COMM HOSP INPATIENT TOTAL 77	@COMMINITY HOCDITAL TOTAL	667	OR DAYS OF CARE		112 811 08					USER		
HECK HOSPITALS TOTAL 5 25 19.18.58 768.63 0.06 364.17 4.33 ACCOMMODENTIALS TOTAL 5 25 19.21.885 768.63 0.06 364.17 4.33 ACCOMMODENTIALS DAYS 5 19 4.485.50 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23 25.23				Ą		Ą			Ą		Ą	
No. HIGH CHOSPITALS TOTAL												
ACCOMMODATIONS												
TRANSITIONAL ID CARE 0		5										
THANSITIONAL IF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		5										
ALL OTHER ACCOM ANCILLARIES 5 0 12,749.32 345.31 001 517.96 147 ANCILLARIES 5 0 12,749.32 36.21 000 000 2549.86 2.87 INFATLENT CROSSOVERS 4 1 213 38.240.60 174.61 0.49 932.70 8.61 ALL OTHER INFATIENT 6 2 2.88 16.447.20 1.00 0.00 2549.86 2.88 ALL OTHER INFATIENT 6 2 2.88 16.447.20 1.00 0.00 2.00 0.00 0.00 0.00 0.00 0		1										
ANCILLARIES 5 0 12,749,33		0										
THE PROPERTY CROSSOVERS		4										
ALL OTHER INPATIENT 0 0 0 1.66,447.20 43.81 .650 200.07 28.46 MEDICAL 79 1422 6,841.77 48.18 .650 200.07 28.46 MEDICAL 79 1422 6,841.77 48.18 .650 200.07 28.46 MEDICAL 79 1422 6,841.77 48.18 .0022 86.60 1.54 SURGERY 126 33 1.860.13 55.37 .002 86.60 1.54 SURGERY 126 30 1.860.13 55.37 .002 86.60 1.54 SURGERY 126		5	_									
COMPANDED CULTATIENT TOTAL 632 2.886 126,447.20 41.81 6.50 200.07 28.48												
MEDICAL 79		•	-									
SURGERY 26												
PATHOLOGY 1160 676 8,637.36 12.78 1.52 53.98 1.95 RADIOLOGY 110 272 19,410.12 71.36 0.61 176.46 4.37 ROOM USE CROSSOVERS/ALL OTH OUTPTINT 369 1.352 72.63.38 53.72 .305 196.41 3.85 SCRATE HOSPITAL 0 0 0 0 \$.000 .000 .000 .000 \$.00 .00												
RADIOLOGY												
ROM USE 265												
CROSSOVERS/ALL OTH OUTPTITE	RADIOLOGY											
SETATE HOSDITAL	ROOM USE	265	411		17,075.04		41.55	.093		64.43		3.85
MENTALLY ILL	CROSSOVERS/ALL OTH OUTPTNT		1,352		72,623.38		53.72	.305				16.36
LEV B-KEHAB MD LEV B-SUBACUTE FREESTANDING 2 488 29,466.72 613.89 011 14733.36 6.64 LEV B-SUBACUTE HSPTL BASED 17 513 268,346.70 523.09 1.16 15785.10 60.44 LEV B-SUBACUTE HSPTL BASED 17 513 268,346.70 523.09 1.16 15785.10 60.44 LEV B-RENGLIAR 995 26,363 3,244,353.79 123.06 5.938 3260.66 730.71 ENTERNEDIATE CARE FACILDD 40 1,080 \$ 178,547.66 \$ 165.32 243 \$ 4463.69 \$ 40.21 ICF DDH 17 547 81,595.99 149.17 1.23 4799.76 18.38 ICF DDH 23 533 96,951.67 81890.00 0.00 0.00 HEMODIALYSIS TOTAL 55 118 \$ 26,870.88 \$ 227.72 0.07 \$ 488.56 0.00 HEMODIALYSIS TOTAL BASED 0 0 0 0.00 HOSPITAL BASED 1 0 0 0 0.00 RECHARLITATION REACLITY 34 155 \$ 3,260.26 \$ 21.03 0.35 \$ 95.99 \$.73 HOSPITAL BASED 21 72 1.867.16 25.93 0.01 40.10 HOSPITAL BASED 21 72 1.867.16 25.93 0.05 \$ 99 \$.73 HOSPITAL BASED 1 13 8 1.20.20 \$ 1.00 0.00 ENCORANTEED TO FACILITY 13 8 3 1.393.10 16.78 0.09 11.24 HOSPITAL BASED 1 12 72 1.867.16 25.93 0.05 \$ 99 \$.73 HOSPITAL BASED 1 12 72 1.867.16 25.93 0.05 \$ 99 \$.73 HOSPITAL BASED 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	@STATE HOSPITAL	0	0	\$		\$.000	\$.00	\$.00
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LEV B-KEHAB MD LEV B-SUBACUTE FREESTANDING 2 488 29,466.72 613.89 011 14733.36 6.64 LEV B-SUBACUTE HSPTL BASED 17 513 268,346.70 523.09 1.16 15785.10 60.44 LEV B-SUBACUTE HSPTL BASED 17 513 268,346.70 523.09 1.16 15785.10 60.44 LEV B-RENGLIAR 995 26,363 3,244,353.79 123.06 5.938 3260.66 730.71 ENTERNEDIATE CARE FACILDD 40 1,080 \$ 178,547.66 \$ 165.32 243 \$ 4463.69 \$ 40.21 ICF DDH 17 547 81,595.99 149.17 1.23 4799.76 18.38 ICF DDH 23 533 96,951.67 81890.00 0.00 0.00 HEMODIALYSIS TOTAL 55 118 \$ 26,870.88 \$ 227.72 0.07 \$ 488.56 0.00 HEMODIALYSIS TOTAL BASED 0 0 0 0.00 HOSPITAL BASED 1 0 0 0 0.00 RECHARLITATION REACLITY 34 155 \$ 3,260.26 \$ 21.03 0.35 \$ 95.99 \$.73 HOSPITAL BASED 21 72 1.867.16 25.93 0.01 40.10 HOSPITAL BASED 21 72 1.867.16 25.93 0.05 \$ 99 \$.73 HOSPITAL BASED 1 13 8 1.20.20 \$ 1.00 0.00 ENCORANTEED TO FACILITY 13 8 3 1.393.10 16.78 0.09 11.24 HOSPITAL BASED 1 12 72 1.867.16 25.93 0.05 \$ 99 \$.73 HOSPITAL BASED 1 12 72 1.867.16 25.93 0.05 \$ 99 \$.73 HOSPITAL BASED 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEW B-SUBACUTE HSPTL BASED 17 513 268.346.70 523.09 .116 15785.10 60.44 LEW B-RENNISTIONAL IP CARE 90 0 0 0 0.00 .00 0.00 .00 0.00 .00 1.00 LEW B-REGULAR 995 26.363 3.244.353.79 123.06 5.938 3260.66 730.71 122 1.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 1	LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR 995 26,363 3,244,353.79 123.06 5.938 3260.66 73.71 @INTERMEDIATE CARE FACILDD 40 1,080 \$ 178,547.66 \$ 165.32 243 \$ 4463.69 \$ 40.21 ICF DDM 17 547 81,595.99 149.17 1123 107 107 107 107 107 107 108 108 108 108 108 108 109 109 109 109 109 109 109 109 109 109	LEV B-SUBACUTE FREESTANDING	2	48		29,466.72		613.89	.011		14733.36		6.64
LEV B-TRANSITIONAL IP CARE LEV B-REQULAR 995	LEV B-SUBACUTE HSPTL BASED	17	513		268,346.70		523.09	.116		15785.10		60.44
ICF DDH	LEV B-TRANSITIONAL IP CARE	0	0		.00			.000		.00		.00
ICF DDH	LEV B-REGULAR	995	26,363									
ICF DDH	@INTERMENTATE CARE FACTI DD	40		Ś		Ś			\$		\$	
## HOSPITAL BASED 21 72 1,867.16 25.93 .016 88.91 .42 INDEPENDENT FACILITY 13 83 1,393.10 16.78 .019 107.16 .31 @LABORATORY FACILITY 122 77.4 \$ 7,852.29 \$ 10.15 .174 \$ 64.36 \$ 1.77 PATHOLOGY FACILITY 120 768 7,829.82 10.20 .173 65.25 1.76 XO AND OTHERS 2 6 22.47 3.75 .001 11.24 .01 @ORGANIZED OUTPATIENT CLINIC 308 519 \$ 33,608.75 \$ 64.76 .117 \$ 109.12 \$ 7.57 CLINIC 308 519 \$ 33,608.75 \$ 64.76 .117 \$ 109.12 \$ 7.57 CLINIC 6 13 360 2,495.16 41.59 .014 191.94 .56 BURGICENTER 13 60 2,495.16 41.59 .014 191.94 .56 HEROIN DETOX CLINIC 3 36 410 403.47 11.21 .008 134.49 .09 RURAL HEALTH CLINIC 286 410 30,373.07 74.08 .092 106.20 6.84 ### WEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,196 ### MOPO24 FEE-FOR-SERVICE/DENTAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,196 ### A440 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER COST PER COST PER DAYS OF CARE ### A440 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER DURABLE MED. EQUIP. 68 412 21,669.85 52.60 .093 318.67 4.88 *## DURABLE MED. EQUIP. 68 412 21,669.85 52.60 .093 318.67 4.88 *## BLOOD BANK 0 0 0 0 .00 .00 .00 .00 .00 .00 ### HEARING AID DISPENSERS 2 4 4 928.31 232.08 .001 464.16 .21 ### MEDICAL TRANSPORTATION 301 10.970 45.565.80 41.55 2.471 151.38 10.26 *## AMBULANCES/AIR TRANS 126 1.203 17,085.89 14.20 .271 155.60 3.85	ICF DDH	17		•		•			·			18.38
## HOSPITAL BASED 21 72 1,867.16 25.93 .016 88.91 .42 INDEPENDENT FACILITY 13 83 1,393.10 16.78 .019 107.16 .31 @LABORATORY FACILITY 122 77.4 \$ 7,852.29 \$ 10.15 .174 \$ 64.36 \$ 1.77 PATHOLOGY FACILITY 120 768 7,829.82 10.20 .173 65.25 1.76 XO AND OTHERS 2 6 22.47 3.75 .001 11.24 .01 @ORGANIZED OUTPATIENT CLINIC 308 519 \$ 33,608.75 \$ 64.76 .117 \$ 109.12 \$ 7.57 CLINIC 308 519 \$ 33,608.75 \$ 64.76 .117 \$ 109.12 \$ 7.57 CLINIC 6 13 360 2,495.16 41.59 .014 191.94 .56 BURGICENTER 13 60 2,495.16 41.59 .014 191.94 .56 HEROIN DETOX CLINIC 3 36 410 403.47 11.21 .008 134.49 .09 RURAL HEALTH CLINIC 286 410 30,373.07 74.08 .092 106.20 6.84 ### WEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,196 ### MOPO24 FEE-FOR-SERVICE/DENTAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,196 ### A440 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER COST PER COST PER DAYS OF CARE ### A440 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER DURABLE MED. EQUIP. 68 412 21,669.85 52.60 .093 318.67 4.88 *## DURABLE MED. EQUIP. 68 412 21,669.85 52.60 .093 318.67 4.88 *## BLOOD BANK 0 0 0 0 .00 .00 .00 .00 .00 .00 ### HEARING AID DISPENSERS 2 4 4 928.31 232.08 .001 464.16 .21 ### MEDICAL TRANSPORTATION 301 10.970 45.565.80 41.55 2.471 151.38 10.26 *## AMBULANCES/AIR TRANS 126 1.203 17,085.89 14.20 .271 155.60 3.85	ICF DD	0										
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## HOSPITAL BASED 21 72 1,867.16 25.93 .016 88.91 .42 INDEPENDENT FACILITY 13 83 1,393.10 16.78 .019 107.16 .31 @LABORATORY FACILITY 122 77.4 \$ 7,852.29 \$ 10.15 .174 \$ 64.36 \$ 1.77 PATHOLOGY FACILITY 120 768 7,829.82 10.20 .173 65.25 1.76 XO AND OTHERS 2 6 22.47 3.75 .001 11.24 .01 @ORGANIZED OUTPATIENT CLINIC 308 519 \$ 33,608.75 \$ 64.76 .117 \$ 109.12 \$ 7.57 CLINIC 308 519 \$ 33,608.75 \$ 64.76 .117 \$ 109.12 \$ 7.57 CLINIC 6 13 360 2,495.16 41.59 .014 191.94 .56 BURGICENTER 13 60 2,495.16 41.59 .014 191.94 .56 HEROIN DETOX CLINIC 3 36 410 403.47 11.21 .008 134.49 .09 RURAL HEALTH CLINIC 286 410 30,373.07 74.08 .092 106.20 6.84 ### WEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,196 ### MOPO24 FEE-FOR-SERVICE/DENTAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,196 ### A440 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER COST PER COST PER DAYS OF CARE ### A440 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER DURABLE MED. EQUIP. 68 412 21,669.85 52.60 .093 318.67 4.88 *## DURABLE MED. EQUIP. 68 412 21,669.85 52.60 .093 318.67 4.88 *## BLOOD BANK 0 0 0 0 .00 .00 .00 .00 .00 .00 ### HEARING AID DISPENSERS 2 4 4 928.31 232.08 .001 464.16 .21 ### MEDICAL TRANSPORTATION 301 10.970 45.565.80 41.55 2.471 151.38 10.26 *## AMBULANCES/AIR TRANS 126 1.203 17,085.89 14.20 .271 155.60 3.85	HOSPITAL BASED	0		т.		-			т.		4	
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HOSPITAL BASED	@REHARILITATION FACILITY	34		Ś		Ś			Ś		Ś	
INDEPENDENT FACILITY				Υ		٧			Υ		~	
### PATHOLOGY FACILITY 122 774 \$ 7,852.29 \$ 10.15 174 \$ 64.36 \$ 1.77 PATHOLOGY 120 768 7,829.82 10.20 .173 65.25 1.76 PATHOLOGY 11.24 .01 PATHOLOGY 11.												
PATHOLOGY 120 768 7,829.82 10.20 1.73 65.25 1.76 XO AND OTHERS 2 6 22.47 3.75 .001 11.24 .01 ©ORGANIZED OUTPATIENT CLINIC 308 519 \$ 33,608.75 \$ 64.76 .117 \$ 109.12 \$ 7.57 CLINIC 6 13 337.05 25.93 .003 56.18 .08 SURGICENTER 13 60 2,495.16 41.59 .014 191.94 .56 HEROIN DETOX CLINIC 3 3 36 403.47 11.2 .008 134.49 .09 RURAL HEALTH CLINIC 286 410 30,373.07 74.08 .092 106.20 6.84 #CALIF DEPT OF HEALTH SERV MODICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,196 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICE AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,196 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICE SOR CRAIG CASES TOTAL IN PA-TOTAL SUMMARY OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER COST DER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIGIBLE OR DAY				Ś		Ś			Ś		Ś	
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BLOOD BANK 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00<				Ą		Ş			Ą		Ą	
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AMBULANCES/AIR TRANS 126 1,203 17,085.89 14.20 .271 135.60 3.85												
OTHER TRANS 132 9,3/2 26,798.56 2.86 2.111 203.02 6.04												
	OTHER TRANS	132	9,3/2		26,798.56		2.86	2.111		203.02		6.04

OTHER SERVICES	54	395	1,681.35	4.	26 .089	31.14	.38
ACUPUNCTURE	0	0	.00		.000	.00	.00
ADULT DAY HEALTH CARE CTR	62	917	63,518.11	69.	27 .207	1024.49	14.31
GENETIC DISEASE TESTING	0	0	.00		.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	17	2,909	86,403.77	29.	70 .655	5082.57	19.46
OCCUPATIONAL THERAPIST	0	0	.00		.000	.00	.00
OPTICIAN	173	431	6,465.04	15.	00 .097	37.37	1.46
PHYSICAL THERAPIST	0	0	.00		.000	.00	.00
PORTABLE X-RAY	11	21	94.59	4.	50 .005	8.60	.02
PROSTHETIST/ORTHOTISTS	15	68	7,827.16	115.	11 .015	521.81	1.76
PROSTHETICS	15	68	7,827.16	115.	11 .015	521.81	1.76
ORTHOTICS	0	0	.00		.000	.00	.00
PSYCHOLOGIST	0	0	.00		.000	.00	.00
SPEECH AND AUDIOLOGY	31	95	4,714.93	49.	63 .021	152.09	1.06
HOSPICE SERVICES	5	110	12,426.56	112.	97 .025	2485.31	2.80
NONINST BIRTHING CENTERS	0	0	.00		.000	.00	.00
LOCAL EDUCATION AGENCIES	80	599	4,351.09	7.	26 .135	54.39	.98
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.000	.00	.00
ALL OTHER PROVIDERS	242	87,997	22,103.84		25 19.819	91.34	4.98
@CALIF. CHILDREN SERVICES*	143	8,842	\$ 122,534.40	\$ 13.	86 1.991	\$ 856.88	\$ 27.60
@XOVER EXCLUDING STATE HOSP**	1,043	22,541	\$ 219,564.91	\$ 9.	74 5.077	\$ 210.51	\$ 49.45

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 3,197
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
FRESNO COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

MONITURE ATTENDACE

					MON	ITHLY AVERA	GE
1,085,129 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	987,733	26,778,608 \$	479,108,234.37	\$ 17.89	24.678	485.06	\$ 441.52
@PHYSICIANS SERVICES	231,735	1,050,967 \$	32,609,871.96	\$ 31.03	.969	140.72	
OUTPATIENT VISITS	131,472	284,021	8,983,438.56	31.63	.262	68.33	8.28
OFFICE VISITS	71,421	96,948	2,968,175.43	30.62	.089	41.56	2.74
HOME VISITS	401	521	21,957.00	42.14	.000	54.76	.02
EMERGENCY ROOM	25,487	30,624	1,787,312.28	58.36	.028	70.13	1.65
PREVENTIVE CARE	257	266	11,049.76	41.54	.000	43.00	.01
OB VISITS/COMPRE PERI	27,410	134,577	3,590,156.89	26.68	.124	130.98	3.31
OTHER OUTPATIENT	16,762	21,085	604,787.20	28.68	.019	36.08	.56
INPATIENT VISITS	16,323	62,335	4,049,029.48	64.96	.057	248.06	3.73
HOSPITAL VISITS	13,789	46,938	2,164,918.24	46.12	.043	157.00	2.00
CRITICAL CARE	1,305	10,758	1,722,278.48	160.09	.010	1319.75	1.59
SNF/ICF/TRANS IP CARE	1,951	4,639	161,832.76	34.89	.004	82.95	.15
OPHTHALMOLOGICAL SERVICES	3,371	4,022	176,205.35	43.81	.004	52.27	.16
EXAMINATIONS	3,366	4,015	175,785.14	43.78	.004	52.22	.16
SERVICES AND MATERIALS	7	7	420.21	60.03	.000	60.03	.00
INPATIENT HOSPITAL SURGERY	11,884	46,220	6,477,094.79	140.14	.043	545.03	5.97
PRINCIPAL SURGEON	8,754	12,075	5,389,365.97	446.32	.011	615.65	4.97
ASSISTANT SURGEON	1,394	1,421	272,542.44	191.80	.001	195.51	.25
ANESTHESIOLOGIST	3,692	32,724	815,186.38	24.91	.030	220.80	.75
OUTPATIENT SURGERY	12,894	27,370	2,435,594.38	88.99	.025	188.89	2.24
PRINCIPAL SURGEON	11,276	14,829	2,127,219.33	143.45	.014	188.65	1.96
ASSISTANT SURGEON	78	81	11,217.20	138.48	.000	143.81	.01
ANESTHESIOLOGIST	2,914	12,460	297,157.85	23.85	.011	101.98	.27
DIALYSIS	1,037	3,844	331,719.89	86.30	.004	319.88	.31
PATHOLOGY	32,816	73,227	1,226,867.07	16.75	.067	37.39	1.13
RADIOLOGY	41,786	72,899	2,834,982.82	38.89	.067	67.85	2.61
PSYCHIATRY	36	46	1,266.74	27.54	.000	35.19	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	7,303	68,357		1,686,852.38		24.68	.063		230.98		1.55
OTHER SERVICES/ALL X-OVERS		408,626		4,406,820.50		10.78	.377		59.70		4.06
@PHARMACY	434,132	9,807,373	\$		\$	13.01	9.038	Ś	294.00	Ś	117.62
PRESCRIPTION DRUGS	424,230	1,713,113	Υ	117,064,532.62	Ψ.	68.33	1.579	Ψ.	275.95	Υ.	107.88
SNF/ICF	26,869	156,159		10,094,257.30		64.64	.144		375.68		9.30
OUTPATIENTS	399,000	1,556,954		106,970,275.32		68.70	1.435		268.10		98.58
	'	8,094,260		10,568,552.32		1.31	7.459		179.60		9.74
@DENTIST	164 400	1,001,775	\$		\$	30.50	.923	ė.	185.87	بع	28.16
WICITG - DIACMOCTIC	110 027	665,985	Ą	7,851,606.57	Ą	11.79	.614	Ą	66.52	Ą	7.24
ODAI CUDCEDY	25 022	54,374		3,236,447.96		59.52	.050		129.29		2.98
DDICC	25,033 E 000	7,428		152,838.72		20.58	.007		30.03		.14
MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA	1 477	1,525		145,725.00		95.56	.007		98.66		.13
DEDIODOMETOC	11 126	11,790		1,409,457.00		119.55	.011		126.68		1.30
FINDODONTICS	12,120	20,149		2,781,352.53		138.04	.011		229.90		2.56
PECHODALIZE DENETCEDA	12,096	203,885		11,850,182.23		58.12	.188		197.52		10.92
RESIONALIVE DENIISIKI	59,995	203,665 744		18,317.30		24.62	.001		26.55		.02
PROSIDEITOS	6 709	20,356		2,095,577.55		102.95	.019		312.40		1.93
DENIURES, SIAIPLAIES	0,700	1,355		137,523.57		102.95	.019		131.48		.13
SPACE MAINIAINERS	1,046	1,355		98,473.62		101.49	.001		105.09		.13
MAXILLOFACIAL SERVICES	937	966 34		•			.001				.09
PRACTURES, DISLOCATIONS	ZZ 7 F13			20,023.55		588.93 81.94	.008		910.16 99.83		.02
ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	7,513	9,153 4,031		750,023.64 11,313.99		2.81	.008		4.29		.01
#CALIF DEPT OF HEALTH SERV	∠,033		א סווכ	II,313.99 IONTH-OF-PAYMENT RI						_	PAGE 3,198
World bell of Helletti bell,	THE OTHER		KES M	IONIH-OF-PAYMENI RI	EPOR	I FOR JAN 2	2003 IHRU .	DEC	2003	P	
MOP024	FEE-FOR-SERVICE		70007	ETED							01/29/04
FRESNO COUNTY	SUMMARY OF SERV	ICES FOR TOTAL (EKII	FIED			M		ע כויינע אי דוי	C E	
1,085,129 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7/17	ERAGE COST					COST PER
1,005,129 ELIGIBLES	USERS	OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	13,454	37,374	\$	814,203.15	\$	- '	.034		60.52		.75
DIAGNOSTIC AND ANC. PROCED	6,724	6,791	Y	307,355.11	Y	45.26	.006	Ÿ	45.71	Ÿ	. 28
	•	27,762		457,635.23		16.48	.026		47.32		. 42
OTHER OPTOMETRIC SERVICES	1 853	2,821		49,212.81		17.45	.003		26.56		.05
@CHIROPRACTOR	3 501	6,107	\$		\$	16.45	.006	Ċ	28.69	Ġ	.09
VICITO	3 385	5,901	Y	97,986.24	Y	16.61	.005	Ÿ	28.95	Ÿ	.09
OTHER SERVICES	125	206		2,458.76		11.94	.000		19.67		.00
@PODIATRIST	9 285	13,105				エエ・フェ			22.59	4	.19
@FODIATRIDI	7,203		ς.	209 703 77	Ċ	16 00	012	Ċ			
MILITIA I ALLE ALLE ALLE ALLE ALLE ALLE ALLE	2 808	•	Ş	209,703.77	\$	16.00	.012	\$		Þ	Λ 8
MEDICINE/INJECTIONS	2,808	3,111	Ş	81,824.41	\$	26.30	.003	\$	29.14	Þ	.08
MEDICINE/INJECTIONS SURGERY/ANES. RADIO /PATHOLOGY	2,808 89 174	3,111 102	Ş	81,824.41 7,051.98	\$	26.30 69.14	.003	\$	29.14 79.24	Ş	.01
MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	2,808 89 174	3,111 102 214	Ş	81,824.41 7,051.98 3,732.64	\$	26.30 69.14 17.44	.003 .000 .000	\$	29.14 79.24 21.45	Þ	.01
MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	2,808 89 174 6,593	3,111 102 214 9,678	\$	81,824.41 7,051.98 3,732.64 117,094.74		26.30 69.14 17.44 12.10	.003 .000 .000 .009		29.14 79.24 21.45 17.76		.01 .00 .11
MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	2,808 89 174 6,593 1,888	3,111 102 214 9,678 96,460	ን ላን ላን	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50	\$	26.30 69.14 17.44 12.10 32.56	.003 .000 .000 .009	\$	29.14 79.24 21.45 17.76 1663.67	\$.01 .00 .11 2.89
MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	2,808 89 174 6,593 1,888 652	3,111 102 214 9,678 96,460 3,379	ን ማ ማ ሳ	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50 68,211.72	\$	26.30 69.14 17.44 12.10 32.56 20.19	.003 .000 .000 .009 .089	\$\$	29.14 79.24 21.45 17.76 1663.67 104.62	\$.01 .00 .11 2.89 .06
NURSE ANESTHESIST NURSE MIDWIFE	2,808 89 174 6,593 1,888 652 43	3,111 102 214 9,678 96,460 3,379 137	\$	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50 68,211.72 13,115.37	\$ \$ \$	26.30 69.14 17.44 12.10 32.56 20.19 95.73	.003 .000 .000 .009 .089 .003	\$ \$ \$	29.14 79.24 21.45 17.76 1663.67 104.62 305.01	\$ \$ \$.01 .00 .11 2.89 .06
PEDIATRIC NURSE PRACTITIONER	. 14	3,111 102 214 9,678 96,460 3,379 137 25	\$ \$	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50 68,211.72 13,115.37 694.54	\$ \$ \$ \$	26.30 69.14 17.44 12.10 32.56 20.19 95.73 27.78	.003 .000 .000 .009 .089 .003	\$ \$ \$ \$	29.14 79.24 21.45 17.76 1663.67 104.62 305.01 49.61	\$ \$ \$ \$.01 .00 .11 2.89 .06 .01
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	2,143	3,111 102 214 9,678 96,460 3,379 137 25 4,992	\$ \$ \$	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50 68,211.72 13,115.37 694.54 93,335.36	\$\$\$\$\$	26.30 69.14 17.44 12.10 32.56 20.19 95.73 27.78 18.70	.003 .000 .000 .009 .089 .003 .000	\$ \$ \$ \$ \$	29.14 79.24 21.45 17.76 1663.67 104.62 305.01 49.61 43.55	\$ \$ \$ \$ \$ \$.01 .00 .11 2.89 .06 .01 .00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	. 14 2,143 136,293	3,111 102 214 9,678 96,460 3,379 137 25 4,992 675,209	\$ \$	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50 68,211.72 13,115.37 694.54 93,335.36 118,486,258.93	\$\$\$\$\$	26.30 69.14 17.44 12.10 32.56 20.19 95.73 27.78 18.70 175.48	.003 .000 .000 .009 .089 .003 .000 .000	\$ \$ \$ \$ \$	29.14 79.24 21.45 17.76 1663.67 104.62 305.01 49.61 43.55 869.35	\$ \$ \$ \$ \$ \$.01 .00 .11 2.89 .06 .01 .00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	2,143 2,143 136,293 18,100	3,111 102 214 9,678 96,460 3,379 137 25 4,992 675,209 92,745	\$ \$ \$	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50 68,211.72 13,115.37 694.54 93,335.36 118,486,258.93 101,582,504.85	\$\$\$\$\$	26.30 69.14 17.44 12.10 32.56 20.19 95.73 27.78 18.70 175.48 1095.29	.003 .000 .000 .009 .089 .003 .000 .005 .622	\$ \$ \$ \$ \$	29.14 79.24 21.45 17.76 1663.67 104.62 305.01 49.61 43.55 869.35 5612.29	\$ \$ \$ \$ \$ \$.01 .00 .11 2.89 .06 .01 .00 .09 109.19 93.61
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	2,143 2,143 136,293 18,100	3,111 102 214 9,678 96,460 3,379 137 25 4,992 675,209 92,745 70,522	\$ \$ \$	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50 68,211.72 13,115.37 694.54 93,335.36 118,486,258.93 101,582,504.85 90,191,168.48	\$\$\$\$\$	26.30 69.14 17.44 12.10 32.56 20.19 95.73 27.78 18.70 175.48 1095.29 1278.91	.003 .000 .000 .009 .089 .003 .000 .000 .005 .622 .085	ው ው ው ው ው ው	29.14 79.24 21.45 17.76 1663.67 104.62 305.01 49.61 43.55 869.35 5612.29 6533.22	\$ \$ \$ \$ \$ \$.01 .00 .11 2.89 .06 .01 .00 .09 109.19 93.61 83.12
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	2,143 2,143 136,293 18,100	3,111 102 214 9,678 96,460 3,379 137 25 4,992 675,209 92,745 70,522 8,621	\$ \$ \$	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50 68,211.72 13,115.37 694.54 93,335.36 118,486,258.93 101,582,504.85 90,191,168.48 9,407,640.24	\$\$\$\$\$	26.30 69.14 17.44 12.10 32.56 20.19 95.73 27.78 18.70 175.48 1095.29 1278.91	.003 .000 .000 .009 .089 .003 .000 .005 .622 .085 .065	ው ው ው ው ው ው	29.14 79.24 21.45 17.76 1663.67 104.62 305.01 49.61 43.55 869.35 5612.29 6533.22 4408.45	\$ \$ \$ \$ \$ \$.01 .00 .11 2.89 .06 .01 .00 .09 109.19 93.61 83.12 8.67
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	2,143 2,143 136,293 18,100	3,111 102 214 9,678 96,460 3,379 137 25 4,992 675,209 92,745 70,522 8,621 8,621	\$ \$ \$	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50 68,211.72 13,115.37 694.54 93,335.36 118,486,258.93 101,582,504.85 90,191,168.48 9,407,640.24 3,150,802.74	\$\$\$\$\$	26.30 69.14 17.44 12.10 32.56 20.19 95.73 27.78 18.70 175.48 1095.29 1278.91 1091.25 365.48	.003 .000 .009 .089 .003 .000 .005 .622 .085 .065	ው ው ው ው ው ው	29.14 79.24 21.45 17.76 1663.67 104.62 305.01 49.61 43.55 869.35 5612.29 6533.22 4408.45 1501.81	\$ \$ \$ \$ \$ \$.01 .00 .11 2.89 .06 .01 .00 .09 109.19 93.61 83.12 8.67 2.90
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	2,143 2,143 136,293 18,100	3,111 102 214 9,678 96,460 3,379 137 25 4,992 675,209 92,745 70,522 8,621 8,621 1,874	\$ \$ \$	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50 68,211.72 13,115.37 694.54 93,335.36 118,486,258.93 101,582,504.85 90,191,168.48 9,407,640.24 3,150,802.74 422,339.72	\$\$\$\$\$	26.30 69.14 17.44 12.10 32.56 20.19 95.73 27.78 18.70 175.48 1095.29 1278.91 1091.25 365.48 225.37	.003 .000 .009 .089 .003 .000 .005 .622 .085 .065 .008	ው ው ው ው ው ው	29.14 79.24 21.45 17.76 1663.67 104.62 305.01 49.61 43.55 869.35 5612.29 6533.22 4408.45 1501.81 1767.11	\$ \$ \$ \$ \$ \$.01 .00 .11 2.89 .06 .01 .00 .09 109.19 93.61 83.12 8.67 2.90 .39
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	2,143 2,143 136,293 18,100	3,111 102 214 9,678 96,460 3,379 137 25 4,992 675,209 92,745 70,522 8,621 8,621 1,874	\$ \$ \$	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50 68,211.72 13,115.37 694.54 93,335.36 118,486,258.93 101,582,504.85 90,191,168.48 9,407,640.24 3,150,802.74 422,339.72 .00	\$\$\$\$\$	26.30 69.14 17.44 12.10 32.56 20.19 95.73 27.78 18.70 175.48 1095.29 1278.91 1091.25 365.48 225.37	.003 .000 .009 .089 .003 .000 .005 .622 .085 .065 .008	\$\tau\$ \$\tau\$ \$\tau\$ \$\tau\$	29.14 79.24 21.45 17.76 1663.67 104.62 305.01 49.61 43.55 869.35 5612.29 6533.22 4408.45 1501.81 1767.11	\$ \$ \$ \$ \$ \$.01 .00 .11 2.89 .06 .01 .00 .09 109.19 93.61 83.12 8.67 2.90 .39
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	2,143 136,293 18,100	3,111 102 214 9,678 96,460 3,379 137 25 4,992 675,209 92,745 70,522 8,621 8,621 1,874	\$ \$ \$	81,824.41 7,051.98 3,732.64 117,094.74 3,141,000.50 68,211.72 13,115.37 694.54 93,335.36 118,486,258.93 101,582,504.85 90,191,168.48 9,407,640.24 3,150,802.74 422,339.72	\$\$\$\$\$	26.30 69.14 17.44 12.10 32.56 20.19 95.73 27.78 18.70 175.48 1095.29 1278.91 1091.25 365.48 225.37	.003 .000 .009 .089 .003 .000 .005 .622 .085 .065 .008	\$\tau\$ \$\tau\$ \$\tau\$ \$\tau\$	29.14 79.24 21.45 17.76 1663.67 104.62 305.01 49.61 43.55 869.35 5612.29 6533.22 4408.45 1501.81 1767.11	\$ \$ \$ \$ \$ \$.01 .00 .11 2.89 .06 .01 .00 .09 109.19 93.61 83.12 8.67 2.90 .39

1,983,696.13

16,903,754.08

1,537,164.33 471,496.38

2,138,983.10

.00

145.84

29.02

46.04

40.49

13.38

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.013

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.537

.031

.011

.147

835.24

133.65

80.31

59.58

50.60

.00

1.83

15.58

1.42

.43

1.97

.00

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

2,375

126,475

19,140 7,914

42,271

13,602

582,464

33,384

11,644

159,874

RADIOLOGY ROOM USE	22,502 66,809	34,909 102,991	2,754,239.50 4,123,923.40	78.90 40.04	.032	122.40 61.73	2.54
CROSSOVERS/ALL OTH OUTPTNT	68,717	239,662	5,877,947.37	24.53	.221	85.54	5.42
@COUNTY HOSPITAL TOTAL	513	2,057	\$ 457,524.68	\$ 222.42	.002	\$ 891.86	\$.42
CO HOSPITAL INPATIENT TOTAL	75	344	397,077.52	1154.30	.000	5294.37	.37
HSC HOSPITALS	73	329	394,082.34	1197.82	.000	5398.39	.36
NON-HSC HOSPITALS TOTAL	1	1	1,315.18	1315.18	.000	1315.18	.00
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	1,083.88	.00	.000	1083.88	.00
INPATIENT CROSSOVERS	2	14	1,680.00	120.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	457	1,713	60,447.16	35.29	.002	132.27	.06
MEDICAL	113	152	6,134.17	40.36	.000	54.28	.01

SURGERY	27	39	1,340.38	34.37	.000	49.64	.00
PATHOLOGY	136	578	7,334.91	12.69	.001	53.93	.01
RADIOLOGY	95	147	8,771.27	59.67	.000	92.33	.01
ROOM USE	260	334	13,108.15	39.25	.000	50.42	.01
CROSSOVERS/ALL OTH OUTPTNT		463	23,758.28	51.31	.000	101.53	.02
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PAGE 3,199
MOP024	FEE-FOR-SERVICE		MONIII OF FAIMENT K	EFORT FOR UAN 2	1005 TIRO DE	ac 2005	01/29/04
FRESNO COUNTY		VICES FOR TOTAL CERT	TETED				01/25/04
FRESHO COUNTI	SUMMAKI OF SEK	VICES FOR TOTAL CERT	TETED		MON	THLY AVERAG	고다
1,085,129 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	-	COST PER	COST PER
1,005,125 EDIGIBLES	OBERD	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	135,864	673,152 \$	118,028,734.25	\$ 175.34	.620 \$		
COMM HOSP INPATIENT TOTAL	18,029	92,401	101,185,427.33	1095.07	.085	5612.37	93.25
	13,735						82.75
HSC HOSPITALS		70,193	89,797,086.14	1279.29	.065	6537.83	
NON-HSC HOSPITALS TOTAL	2,133	8,620	9,406,325.06	1091.22	.008	4409.90	8.67
ACCOMMODATIONS	2,097	8,620	3,150,571.44	365.50	.008	1502.42	2.90
ADMINISTRATIVE DAYS	238 0 1,863 2,131	1,873	422,108.42	225.36	.002	1773.56	.39
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,863	6,747	2,728,463.02	404.40	.006	1464.55	2.51
ANCILLARIES	2,131	0	6,255,753.62	.00	.000	2935.60	5.76
INPATIENT CROSSOVERS	2,131	0 6,747 0 13,588 0	1,982,016.13	145.87	.013	835.24	1.83
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	126,088	580,751	16,843,306.92	29.00	.535	133.58	15.52
MEDICAL	19,030	33,232	1,531,030.16	46.07	.031	80.45	1.41
SURGERY	7,888	11,605	470,156.00	40.51	.011	59.60	.43
PATHOLOGY	42,147	159,296	2,131,648.19	13.38	.147	50.58	1.96
		34,762	2,745,468.23	78.98	.032	122.48	2.53
ROOM USE	66 584	102,657	4,110,815.25	40.04	.095	61.74	3.79
CROSSOVERS / ALL OTH OUTPTNT	68 506	239,199	5,854,189.09	24.47	.220	85.46	5.39
@STATE HOSPITAL	52	1,766 \$	833,166.17	\$ 471.78		16022.43	
WENTER INCSPITAL	24	1,074	500,789.27	466.28	.002	14729.10	.46
MENIADT IDD	3 4 10	692		480.31	.001		.31
DEVELOP. DISABLED	18 25 116		332,376.90			18465.38	
@NURSING FACILITY	25,116		86,126,364.75	\$ 114.97		3429.14	
LEV A-INTERMEDIATE	4	91	7,969.86	87.58	.000	1992.47	.01
LEV B-REHAB MD	26	672	75,560.15	112.44	.001	2906.16	.07
LEV B-SUBACUTE FREESTANDING	263	8,453	2,972,265.90	351.62	.008	11301.39	2.74
LEV B-SUBACUTE HSPTL BASED	406	13,958	6,623,063.71	474.50	.013	16312.96	6.10
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	24,438	725,934	76,447,505.13	105.31	.669	3128.22	70.45
@INTERMEDIATE CARE FACILDD	3,530	109,164 \$	17,028,074.13	\$ 155.99			\$ 15.69
ICF DDH	2,043	63,433	8,691,888.00	137.02	.058	4254.47	8.01
ICF DD	2,043 0 1,487 4,744 185	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1,487	45,731	8,336,186.13	182.29	.042	5606.04	7.68
@HEMODIALYSIS TOTAL	4,744	62,129 \$	4,676,636.28	\$ 75.27	.057 \$	985.80	\$ 4.31
HOSPITAL BASED	185	533	659,221.93	1236.81	.000	3563.36	.61
HEMODIALYSIS CENTER	4,574	61,596	4,017,414.35	65.22	.057	878.32	3.70
@REHABILITATION FACILITY	4,574 3,337 1,825	20,109 \$	419,870.85	\$ 20.88	.019 \$		
HOSPITAL BASED	1.825	7,569	222,000.94	29.33	.007	121.64	.20
INDEPENDENT FACILITY	1,524	12,540	197,869.91	15.78	.012	129.84	.18
@LABORATORY FACILITY	35,657	154,161 \$	2,026,023.42	\$ 13.14	.142 \$		
PATHOLOGY	35,485	153,803	2,020,023.42	13.14	.142	56.91	1.86
XO AND OTHERS	193	358	6,626.09	18.51	.000	34.33	.01
@ORGANIZED OUTPATIENT CLINIC	194,827	318,484 \$	25,514,810.57	\$ 80.11	.293 \$		\$ 23.51
@ORGANIZED OUIPAILENI CLINIC	194,827	318,484 Ş	25,514,810.5/	\$ 80.TT	. 493 Ş	10.90	\$ 23.51 En

545,545.43

264,320.10

24,662,108.22

42,836.82

25.95

57.90

11.29

85.31

.019

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.003

.266

107.88

219.17

140.91

130.75

.50

.24

.04

22.73

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

21,021

4,565

3,794

289,104

5,057

1,206

188,618

304

FRESNO COUNTY

SURGICENTER

HEROIN DETOX CLINIC

RURAL HEALTH CLINIC

CLINIC

						MO	NTHLY AVERA	GE -	
1,085,129 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	201,578	12,666,748	\$	28,753,438.45	\$ 2.27	11.673	\$ 142.64	\$	26.50
DURABLE MED. EQUIP.	5,515	20,113		4,024,041.51	200.07	.019	729.65		3.71
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	755	938		401,315.55	427.84	.001	531.54		.37
MEDICAL TRANSPORTATION	21,520	835,708		4,211,058.68	5.04	.770	195.68		3.88
AMBULANCES/AIR TRANS	14,104	156,462		2,049,019.96	13.10	.144	145.28		1.89
OTHER TRANS	5,463	648,823		1,890,691.83	2.91	.598	346.09		1.74
OTHER SERVICES	2,893	30,423		271,346.89	8.92	.028	93.79		.25
ACUPUNCTURE	575	1,182		21,779.96	18.43	.001	37.88		.02
ADULT DAY HEALTH CARE CTR	6,241	91,130		6,323,681.60	69.39	.084	1013.25		5.83
GENETIC DISEASE TESTING	6,526	6,545		675,827.00	103.26	.006	103.56		.62
IHMC, MODEL-NF, NF, AIDS, MSSP	3,332	67,642		2,428,316.97	35.90	.062	728.79		2.24
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	36,700	80,865		924,003.58	11.43	.075	25.18		.85
PHYSICAL THERAPIST	172	575		29,400.58	51.13	.001	170.93		.03
PORTABLE X-RAY	506	1,604		17,630.31	10.99	.001	34.84		.02
PROSTHETIST/ORTHOTISTS	4,242	10,517		761,213.29	72.38	.010	179.45		.70
PROSTHETICS	2,794	8,686		595,349.70	68.54	.008	213.08		.55
ORTHOTICS	1,781	1,831		165,863.59	90.59	.002	93.13		.15
PSYCHOLOGIST	317	1,168		54,640.45	46.78	.001	172.37		.05
SPEECH AND AUDIOLOGY	3,821	12,967		652,063.73	50.29	.012	170.65		.60
HOSPICE SERVICES	258	4,541		535,707.93	117.97	.004	2076.39		.49
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	96,139	478,576		4,003,139.98	8.36	.441	41.64		3.69
EPSDT SUPPLEMENTAL SERVICE	113	36,211		887,522.52	24.51	.033	7854.18		.82
RESPIRATORY CARE PRACT.	36	36		1,061.28	29.48	.000	29.48		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	25,199	11,016,466		2,802,094.81	.25	10.152	111.20		2.58
@CALIF. CHILDREN SERVICES*	25,084	1,350,921	\$	52,792,457.50	\$ 39.08	1.245	\$ 2104.63	\$	48.65
@XOVER EXCLUDING STATE HOSP**	91,089	1,610,904	\$	14,076,060.91	\$ 8.74	1.485	\$ 154.53	\$	12.97

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.